07316

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 81

1. PLACE OF DEATH — COUNTY: Carroll — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Union Bridge — LENGTH OF STAY (in this place): Years
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Main St.

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Union Bridge
STREET ADDRESS (If rural, give location): Main St.

3. NAME OF DECEASED (Type or Print): (First) DAVID (Middle) VICTOR (Last) ABBOTT
4. DATE OF DEATH: (Month) July (Day) 5 (Year) 1952
5. SEX: male
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: 3/16/1907
9. AGE last birthday: 45 yrs. — If under 1 year: Months, Days — If under 24 hrs.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): book keeper
10b. KIND OF BUSINESS OR INDUSTRY: industrial
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U. S.
13. FATHER'S NAME: George W. Abbott
14. MOTHER'S MAIDEN NAME: Rebecca Ann Gosnell
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service): no
16. SOCIAL SECURITY No.: 213-24-9141
17. INFORMANT AND ADDRESS: Gladys Y. Abbott, Union Bridge, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Respiratory Failure

345X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Multiple Sclerosis — Years

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 1945, to July 5, 1952, that I last saw the deceased alive on July 5, 1952, and that death occurred at ..... m., from the causes and on the date stated above.

SIGNATURE: James T. Marsh, ~~Deputy Med~~ (Degree or title) M. D. — ADDRESS: Westminster Md — DATE SIGNED: 7/7/52

23. BURIAL, CREMATION REMOVAL (Specify): burial — DATE THEREOF: 7/8/52 — NAME OF CEMETERY OR CREMATORY: Lutheran Cemetery — LOCATION (City, town, or county) (State): Uniontown, Md.

DATE REC'D BY LOCAL REG.: July 8, 1952 — REGISTRAR'S SIGNATURE: Leslie J. Kepp — 24. FUNERAL DIRECTOR: D. D. Hartzler & Sons — ADDRESS: Union Bridge & New Windsor, Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A13

RECEIVED
JUL 9 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH 02317

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 26

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS-A15

1. PLACE OF DEATH: COUNTY Carroll — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Westminster
LENGTH OF STAY (In this place) all his life
HOSPITAL OR INSTITUTION OR STREET ADDRESS 131 Wills St.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Westminster
STREET ADDRESS (If rural, give location) 131 Wills St.

3. NAME OF DECEASED (Type or Print): (First) DAVID (Middle) SNIDER (Last) BABYLON

4. DATE OF DEATH: (Month) July (Day) 20 (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Aug. 14, 1883

9. AGE last birthday: 68 yrs.

If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): retired dry goods merchant

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Westminster, Md

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Frank Thomas Babylon

14. MOTHER'S MAIDEN NAME: Sarah Ellen Snyder

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 217-01-7208

17. INFORMANT AND ADDRESS: David Babylon Westminster Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

422.1 Immediate cause (a) Cerebral Hemorrhage — Interval Between Onset and Death: 3 days.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerosis C.V disease — year.

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 19 49, to July 20, 19 52, that I last saw the deceased alive on July 19, 19 52, and that death occurred at 1:30 A.m., from the causes and on the date stated above.

SIGNATURE: James F Morad (Degree or title) M.D. ADDRESS: Westminster Md DATE SIGNED: 7/21/52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: July 22/52 — NAME OF CEMETERY OR CREMATORY: Snider Cemetery — LOCATION (City, town, or county) (State): Rural, Westminster Md.

DATE REC'D BY LOCAL REG. 7/24/52 — REGISTRAR'S SIGNATURE: [signature]

24. FUNERAL DIRECTOR: J. S. Myers Jr. — ADDRESS: Westminster Md

RECEIVED
JUL 24 1952
BUREAU V. S.

07318

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 81

1. PLACE OF DEATH — COUNTY: Carroll — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Union Bridge — LENGTH OF STAY (in this place): Years
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Rural

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Union Bridge
STREET ADDRESS (If rural, give location): Rural

3. NAME OF DECEASED (Type or Print): (First) ANNIE (Middle) CORNELIA (Last) BLACK

4. DATE OF DEATH: (Month) July (Day) 13 (Year) 1952

5. SEX: female

6. COLOR OR RACE: colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widow

8. DATE OF BIRTH: 1898

9. AGE last birthday: 54 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housekeeper

10b. KIND OF BUSINESS OR INDUSTRY: at home

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME: William Wilberry

14. MOTHER'S MAIDEN NAME: Martha Brightful

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service): no

16. SOCIAL SECURITY NO.: none

17. INFORMANT AND ADDRESS: Marie Clark, Union Bridge, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Hepatic ~~Sclerosis~~ Cirrhosis

581.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Alcoholic

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 2, 1952, to July 12, 1952, that I last saw the deceased alive on July 12, 1952, and that death occurred at 2 A.m., from the causes and on the date stated above.

SIGNATURE (Degree or title): T. H. Legg M.D. — ADDRESS: Union Bridge Md — DATE SIGNED: 7-13-52

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: 7/15/52 — NAME OF CEMETERY OR CREMATORY: Mt. Olive Cem. — LOCATION (City, town, or county) (State): Frederick County, Md

DATE REC'D BY LOCAL REG.: July 14, 1952 — REGISTRAR'S SIGNATURE: Leslie L. Kepp

24. FUNERAL DIRECTOR — ADDRESS: D. D. Hartzler & Sons, Union Bridge & New Windsor, Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
JUL 16 1952
BUREAU W. S.

07319

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 76

1. PLACE OF DEATH: COUNTY Carroll MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Gamber
LENGTH OF STAY (in this place) 10 Months
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington Road

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Gamber
STREET ADDRESS (If rural, give location) Washington Road

3. NAME OF DECEASED (Type or Print) (First) Clarence (Middle) Raymond (Last) Black
4. DATE OF DEATH (Month) July (Day) 31 (Year) 1952
5. SEX M
6. COLOR OR RACE W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH Feb 25 1884
9. AGE last birthday 68 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Weaver
10b. KIND OF BUSINESS OR INDUSTRY Woolen Mill
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME William H Black
14. MOTHER'S MAIDEN NAME Sarah Stambaugh
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY No. 212-03-4621A
17. INFORMANT AND ADDRESS Mrs Thelma W Black Finksburg Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Amyotrophic lateral sclerosis — INTERVAL BETWEEN ONSET AND DEATH 2 yrs

356.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Mar 1, 1952, to July 31, 1952, that I last saw the deceased alive on July 31, 1952 and that death occurred at 5:40 P.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
G. Reese Wilkens M.D. Westminster Aug 1, 1952

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Aug 3 1952
NAME OF CEMETERY OR CREMATORY Ward's Chapel Cemetery
LOCATION (City, town, or county) Holbrook (State) Md

DATE REC'D BY LOCAL REG. 8/1/52
REGISTRAR'S SIGNATURE C Ray Fogle
24. FUNERAL DIRECTOR Wm Berryman & Sons ADDRESS Reisterstown Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 T

RECEIVED
AUG 4 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

07320

Reg. Dist. No. 74

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY Carroll — MARYLAND
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Sykesville, Md.
LENGTH OF STAY (In this place) 3 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS Springfield State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland
STREET ADDRESS (If rural, give location) Unk

3. NAME OF DECEASED: (First) William (Middle) Frederick (Last) Boettner

4. DATE OF DEATH: (Month) July (Day) 22 (Year) 19 52

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): single

8. DATE OF BIRTH: 3/13/1889

9. AGE last birthday: 63 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): factory worker

10b. KIND OF BUSINESS OR INDUSTRY: Unknown

11. BIRTHPLACE (State or foreign country): Allegany County

12. CITIZEN OF WHAT COUNTRY? United States

13. FATHER'S NAME: George Boettner

14. MOTHER'S MAIDEN NAME: Anna ? Unk

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No — (If Yes, give war or dates of service) ------

16. SOCIAL SECURITY NO.: Unknown

17. INFORMANT & ADDRESS: Sister: Miss Dorothy Boettner, 77 Armstrong Street Frostburg, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

			Interval Between Onset and Death
Immediate cause	(a)	Heat exhaustion	3/4 hr.
Antecedent cause(s) — Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b)	Hypertension	3 years
	DUE TO (c)		

4443

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Organic brain disease, possibly an encephalitis in a schizophrenic individual about — 17 years

19a. DATE OF OPERATION: ------

19b. MAJOR FINDINGS OF OPERATION: ------

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) ------ PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY ------ (CITY OR TOWN) ------ (COUNTY) ----- (STATE) ----

TIME OF INJURY (Month) (Day) (Year) (Hour) ------ M. INJURY OCCURRED While at work ☐ Not while at work ☐ HOW DID INJURY OCCUR? ------

22. I hereby certify that I attended the deceased from May 15, 19 50, to July 22, 19 52, that I last saw the deceased alive on July 22, 19 52, and that death occurred at 3:20 p.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) Martin Ervin, M.D. ADDRESS Sykesville, Md. DATE SIGNED 7-22-52

23. BURIAL, CREMATION REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	7-26-52	Frostburg	Frostburg, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
July 25, 1952	C. Harry Ickes	Jacob Hafer	Frostburg, Md.

RECEIVED
JUL 29 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 70

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH — COUNTY: Carroll — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural Taneytown — LENGTH OF STAY (in this place): 62 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Md — COUNTY: Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural Taneytown
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) TRUMAN (Middle) B (Last) BOWERS

4. DATE OF DEATH: (Month) July (Day) 11 (Year) 1952

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married

8. DATE OF BIRTH: 3/17/1890

9. AGE last birthday: 62 — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): retired farmer

10b. KIND OF BUSINESS OR INDUSTRY: farm owner

11. BIRTHPLACE (State or foreign country): Md

12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME: Benj F. Bowers

14. MOTHER'S MAIDEN NAME: Ella Hyde

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or (unknown)): no
(If year, give war or dates of service):

16. SOCIAL SECURITY No.: none

17. INFORMANT AND ADDRESS: Wilbur D. Bowers Taneytown Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary artery disease

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 19....., to ....., 19....., that I last saw the deceased alive on ....., 19....., and that death occurred at 6.30 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

James T Shank Deputy Medical Examiner Westminster Md 7/11/52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE: 7/15/52 — NAME OF CEMETERY OR CREMATORY: Piney Creek Presbyterian — LOCATION (City, town, or county): Rural Taneytown — (State): Md

DATE REC'D BY LOCAL REG.: July 12, 1952 — REGISTRAR'S SIGNATURE: Ethel M Mehring Local

24. FUNERAL DIRECTOR: Ed Gross Son — ADDRESS: Taneytown Md

JUL 16
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 74

1. PLACE OF DEATH:
COUNTY CARROLL MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN RURAL, SYKESVILLE
LENGTH OF STAY (in this place) 3 mo.
HOSPITAL OR INSTITUTION OR STREET ADDRESS SPRINGFIELD STATE HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY MONTGOMERY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN GERMANTOWN
STREET ADDRESS (If rural, give location) ✓

3. NAME OF DECEASED: (Type or Print) (First) STANLEY (Middle) DUNBAR (Last) BROWN

4. DATE OF DEATH: (Month) JULY (Day) 14 (Year) 1952

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): DIVORCED

8. DATE OF BIRTH: 9-14-02

9. AGE last birthday: 49 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): MERCHANT

10b. KIND OF BUSINESS OR INDUSTRY: Unk —

11. BIRTHPLACE (State or foreign country): MONTGOMERY CO. MARYLAND

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: JOHN BROWN

14. MOTHER'S MAIDEN NAME: MARGARET ALLNUTT

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Unk. (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: Unk.

17. INFORMANT & ADDRESS: HOSPITAL RECORDS

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

			Interval Between Onset and Death
Immediate cause	(a)	CEREBRAL HEMORRHAGE	24 hours
025X Antecedent cause(s)	DUE TO (b)	THERAPEUTIC MALARIA (VIVAX)	3 weeks
Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (c)	PSYCHOSIS WITH SYPHILITIC MENINGO-ENCEPHALITIS	2 years

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 14, 1952, to July 14, 1952, that I last saw the deceased alive on July 14, 1952, and that death occurred at 5:10 a.m., from the causes and on the date stated above.

SIGNATURE Gertrude M. Gross, M.D. (DEGREE OR TITLE) ADDRESS Gertrude M. Gross, M.D. Springfield State Hospital, Sykesville, Maryland DATE SIGNED 7-14-52

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF July 16 1952

NAME OF CEMETERY OR CREMATORY Mt Carmel

LOCATION (City, town, or county) (State) Unity, Maryland

DATE REC'D BY LOCAL REG. July 14, 1952

REGISTRAR'S SIGNATURE C. Harry Weer

24. FUNERAL DIRECTOR Roy Av. Barker, Laytonsville, Md. ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

RECEIVED
JUL 15 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 2X

1. PLACE OF DEATH: COUNTY CARROLL MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN RURAL, SYKESVILLE — LENGTH OF STAY (in this place) 2 mo. 9 da.	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN BALTIMORE
HOSPITAL OR INSTITUTION OR STREET ADDRESS SPRINGFIELD STATE HOSPITAL	STREET ADDRESS (If rural, give location) 323 MARYDELL ROAD

3. NAME OF DECEASED: (Type or Print) (First) EDWARD (Middle) JOSEPH (Last) BURKE

4. DATE OF DEATH: (Month) 7 (Day) 9 (Year) 1952

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Sep.

8. DATE OF BIRTH: 4-2-00

9. AGE last birthday: 52 yrs. — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): ELECTRICIAN

10b. KIND OF BUSINESS OR INDUSTRY: Unknown

11. BIRTHPLACE (State or foreign country): BALTIMORE, MARYLAND

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: EDWARD J. BURKE

14. MOTHER'S MAIDEN NAME: MARY BARLOW

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No — (If Yes, give war or dates of service) None

16. SOCIAL SECURITY NO.: 705-09-8040

17. INFORMANT & ADDRESS: HOSPITAL RECORDS

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) CONGESTIVE HEART FAILURE	4 Months
DUE TO		
Antecedent cause(s)	(b) HYPERTENSIVE HEART DISEASE	7 Years
Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO	
	(c)	

4 U 3 X

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. SCHIZOPHRENIA, PARANOID TYPE

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M. — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4-30, 1952, to 7-9-, 1952, that I last saw the deceased alive on 7-9, 1952, and that death occurred at 8:45 p.m., from the causes and on the date stated above.

SIGNATURE Ilse Kamm, M.D. (DEGREE OR TITLE) ADDRESS Ilse Kamm, M. D. Springfield State Hospital, Sykesville, Maryland — DATE SIGNED 7-10-52

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF 7-12-52 — NAME OF CEMETERY OR CREMATORY New Cathedral — LOCATION (City, town, or county) Edmondson Ave Balto Md (State)

DATE REC'D BY LOCAL REG. 7/11/52 — REGISTRAR'S SIGNATURE A. W. Hedrick Deck — 24. FUNERAL DIRECTOR George J Ruth Inc - 1735 Hanford Ave - ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15 8-51

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 74

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY: CARROLL — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: RURAL, SYKESVILLE
LENGTH OF STAY (in this place): 2 mo. 9 da.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: SPRINGFIELD STATE HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: MARYLAND COUNTY: CARROLL
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: RURAL, SYKESVILLE
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) ELIZABETH (Middle) WELLING (Last) COOK

4. DATE OF DEATH: (Month) 7 (Day) 29 (Year) 19 52

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 9-18-77

9. AGE last birthday: 74 yrs. — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Baltimore, Maryland

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: EDWARD SHIPLEY

14. MOTHER'S MAIDEN NAME: KATE MARR

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No — (If Yes, give war or dates of service) —

16. SOCIAL SECURITY NO.: None

17. INFORMANT & ADDRESS: HOSPITAL RECORDS

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
Immediate cause	(a) PULMONARY EMBOLUS (ABDOMINAL ANEURYSM AS SOURCE ?)	instant
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) DUE TO ARTERIOSCLEROTIC, HYPERTENSIVE CARDIOVASCULAR RENAL DISEASE	indefinite
	(c) DUE TO	

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. SENILE PSYCHOSIS, SIMPLE DETERIORATION — 2 years

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 20, 1952, to July 29, 1952, that I last saw the deceased alive on July 29, 1952, and that death occurred at 7:20 a.m., from the causes and on the date stated above.

SIGNATURE (DECEASED'S PHYSICIAN) Henry C. A. Mead, M.D. ADDRESS Springfield State Hospital, Sykesville, Maryland DATE SIGNED 7-29-52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF 7-31-52 — NAME OF CEMETERY OR CREMATORY: Lorraine Park — LOCATION (City, town, or county) (State): Woodlawn, Md.

DATE REC'D BY LOCAL REG.: July 30, 1952 — REGISTRAR'S SIGNATURE: C. Harry Weer

24. FUNERAL DIRECTOR ADDRESS: Mead Height - Sykesville, Md.
Luther H. Height

RECEIVED
JUL 21 1952
BUREAU V. S.

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MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 76

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Carroll — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Westminster — LENGTH OF STAY (In this place) 3 Days
HOSPITAL OR INSTITUTION OR STREET ADDRESS 110 E. Green St.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md — COUNTY Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Westminster
STREET ADDRESS (If rural, give location) Spring Mills.

3. NAME OF DECEASED (Type or Print): (First) CHARLES (Middle) HERBERT (Last) CRUMBACKER
4. DATE OF DEATH: (Month) July (Day) 8 (Year) 1952

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
M	W	Married	Feb. 3 - 1911	41 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer - Employee
10b. KIND OF BUSINESS OR INDUSTRY: Ammunition Works
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Arthur P. Crumbacker
14. MOTHER'S MAIDEN NAME: Mae Walter

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 216-03-4343
17. INFORMANT AND ADDRESS: Elizabeth Fritz Crumbacker Spring Mills Carroll Co. Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Gunshot wound of head

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

9764

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY Garage — (CITY OR TOWN) Westminster — (COUNTY) Carroll — (STATE) Md
TIME OF INJURY (Month) July (Day) 8 (Year) 1952 (Hour) 12 Noon
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR? Rifle wound to head -

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED
James T. Marsh, Deputy Medical Examiner — Westminster Md — July 8 52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: 7-11-1952
NAME OF CEMETERY OR CREMATORY: Pipe Creek Cemetery
LOCATION (City, town, or county) (State): Uniontown Md.

DATE RECD BY LOCAL REG. 7/9/52
REGISTRAR'S SIGNATURE
24. FUNERAL DIRECTOR — ADDRESS: H. Bankard Son Westminster, Md.

VS. A15A

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BUREAU V. S.

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 24

1. PLACE OF DEATH:
COUNTY Carroll MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sykesville
LENGTH OF STAY (in this place) 50 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS Springfield State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Baltimore City
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore City
STREET ADDRESS (If rural, give location) unknown

3. NAME OF DECEASED: (Type or Print) (First) George (Middle) B. (Last) Dambman

4. DATE OF DEATH: (Month) July (Day) 2 (Year) 1952

5. SEX: male
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): single
8. DATE OF BIRTH: 1872 - Oct 3rd
9. AGE last birthday: ~~80~~ 79 yrs. IF UNDER 1 YEAR: Months — Days — IF UNDER 24 HRS.: Hours — Min. —

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): carpenter
10b. KIND OF BUSINESS OR INDUSTRY: Building
11. BIRTHPLACE (State or foreign country): Baltimore city
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: George Dambman
14. MOTHER'S MAIDEN NAME: Louisa Rittler

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) unk. (If Yes, give war or dates of service) unk
16. SOCIAL SECURITY NO.: none
17. INFORMANT & ADDRESS: records of Springfield State Hospital

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: — INTERVAL BETWEEN ONSET AND DEATH

903.7

Immediate cause (a) Pulmonary embolism — 12 hrs.
DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Fracture of right femur — 12 hrs
DUE TO

(c) ~~(hospitalized with schizophrenia for more than 40 yrs~~

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Chronic myocarditis — about 5 yrs

19a. DATE OF OPERATION: ——
19b. MAJOR FINDINGS OF OPERATION: ——
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) Accident
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Hospital (CITY OR TOWN) Sykesville (COUNTY) Carroll (STATE) Md.
TIME OF INJURY (Month) 7 (Day) 2 (Year) 52 (Hour) 8,30 A.M.
INJURY OCCURRED While at work ☐ Not while at work ☒
HOW DID INJURY OCCUR? Fall on floor

22. I hereby certify that I attended the deceased ~~xxxx~~ on 7-2, 1952 ~~xxxxxxxxxxxxxxx~~ that I ~~last~~ saw the deceased ~~xxx~~ on 7-2, 1952, and that death occurred at 8,30 p.m., from the causes and on the date stated above.

SIGNATURE: C. L. Billingsley, M.D. (DEGREE OR TITLE) Acting Deputy medical Examiner (Carroll Co.) ADDRESS Westminster, Md. DATE SIGNED 7-2-52

23. BURIAL, CREMATION REMOVAL, (Specify): Burial
DATE THEREOF 7-5-52
NAME OF CEMETERY OR CREMATORY Loudon Park
LOCATION (City, town, or county) Balto. (State) Md.
DATE REC'D BY LOCAL REG. July 4, 1952
REGISTRAR'S SIGNATURE C. Harry Weer
24. FUNERAL DIRECTOR Weer & Haight ADDRESS Sykesville, Md.

VS. A15 8-51

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
JUL - 9
BUREAU V. S.

Item 7 Film 144 7/16/52 whw

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. .....

1. PLACE OF DEATH: COUNTY CARROLL MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) WINFIELD
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS ROUTE 97

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE maryland COUNTY mont
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) woodfield
STREET ADDRESS (If rural, give location) maryland ✓

3. NAME OF DECEASED (Type or Print) (First) JOSEPH (Middle) E (Last) DARBY
4. DATE OF DEATH (Month) July (Day) 6 (Year) 1952
5. SEX M
6. COLOR OR RACE W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) [illegible]
8. DATE OF BIRTH [illegible]
9. AGE last birthday 20 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY US ARMY
11. BIRTHPLACE (State or foreign country) [illegible] md.
12. CITIZEN OF WHAT COUNTRY? [illegible]
13. FATHER'S NAME JOSEPH A DARBY
14. MOTHER'S MAIDEN NAME ETHEL S. GREEN
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) [illegible] (If yes, give war or dates of service)
16. SOCIAL SECURITY No. unknown
17. INFORMANT [illegible] GREEN

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH MULTIPLE

Immediate cause (a) INTERNAL INJURIES

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) MULTIPLE FRACTURES

(c)

INTERVAL BETWEEN ONSET AND DEATH

623.4

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☑ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☑ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg. etc.) Highway
(CITY OR TOWN) WINFIELD (COUNTY) CARROLL (STATE) Md
TIME OF INJURY (Month) (Day) (Year) (Hour) July 6, 1952 1 Am.
INJURY OCCURRED While at work ☐ Not while at work ☑
HOW DID INJURY OCCUR? Driver of car drove into tree.

22. *I certify that I took charge of the remains described above, held an Autopsy ☑, Inspection ☐, Inquiry ☐ therean and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☑, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE Stanley H. Durlacher M.D. (Degree or title) ADDRESS Asst. Med. Examiner 700 Fleet St. Baltimore Md DATE SIGNED July 6, 1952

23. BURIAL, CREMATION REMOVAL (Specify) [illegible]
DATE THEREOF [illegible]
NAME OF CEMETERY OR CREMATORY [illegible]
LOCATION (City, town, or county) Woodfield (State) Md

DATE REC'D BY LOCAL REG. 7/7/52
REGISTRAR'S SIGNATURE [illegible] Dept
24. FUNERAL DIRECTOR Roy W. Baker Taylorsville Md. ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 24

1. PLACE OF DEATH:
COUNTY Carroll MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Henryton
LENGTH OF STAY (in this place) 8mos.23days
HOSPITAL OR INSTITUTION OR STREET ADDRESS HENRYTON STATE HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fruitland, Maryland
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) EDGELY (Middle) CONWAY (Last) DASHIELL

4. DATE OF DEATH: (Month) July (Day) 30 (Year) 19 52

5. SEX: Male
6. COLOR OR RACE: Negro
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Sep.
8. DATE OF BIRTH: March 15,1904
9. AGE last birthday: 48 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer
10b. KIND OF BUSINESS OR INDUSTRY: Gardening
11. BIRTHPLACE (State or foreign country): Fruitland, Maryland
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: David Dashiell
14. MOTHER'S MAIDEN NAME: Rosa Noble

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: Unknown
17. INFORMANT & ADDRESS: Deceased

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause 002X	(a) Far Advanced Bilateral Cavitary Tuberculosis	1949-July
	DUE TO	
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b)	
	DUE TO	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. 7, 19 51, to July 30, 19 52, that I last saw the deceased alive on July 30, 19 52, and that death occurred at 7:30 A m., from the causes and on the date stated above.

SIGNATURE T.F. Vestal (DEGREE OR TITLE) M.D ADDRESS Henryton, Maryland DATE SIGNED 7/30/52

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF 8/3/52
NAME OF CEMETERY OR CREMATORY Mt. Calvary Cemetery
LOCATION (City, town, or county) Fruitland, Md. (State)
DATE REC'D BY LOCAL REG. 7/30/52
REGISTRAR'S SIGNATURE Albert R. Swankhaus
Local Deputy
24. FUNERAL DIRECTOR Stewart Funeral Home Mary A. Stewart
ADDRESS 402 E Church St. Salisbury, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. 115 8-51

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AUG 4 19[illegible]
BUREAU V. S.

07329

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 26

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Carroll — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN rural Westminster
LENGTH OF STAY (in this place) life
HOSPITAL OR INSTITUTION OR STREET ADDRESS R. F. D. # 6

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN rural Westminster
STREET ADDRESS (If rural, give location) R. F. D. # 6

3. NAME OF DECEASED (Type or Print): (First) Harry (Middle) David (Last) Ditman

4. DATE OF DEATH: (Month) July (Day) 16 (Year) 19 52

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Jan. 16, 1879

9. AGE last birthday: 73 yrs.
If under 1 year: Months / Days
If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Contractor

10b. KIND OF BUSINESS OR INDUSTRY: Bldg. Construction

11. BIRTHPLACE (State or foreign country): Westminster, Md.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Joshua Ditman

14. MOTHER'S MAIDEN NAME: Ellen Stone

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 215-32-1071

17. INFORMANT AND ADDRESS: Mrs. Edna Ditman R. 6 Westminster

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Disease of Coronary Arteries	Probably 1 year
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arteriosclerosis	
	(c) —	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death: none

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION: —

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): no

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour): — m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from July 14, 1946, to July 16, 1952, that I last saw the deceased alive on July 16, 1952, and that death occurred at 7:30 A.m., from the causes and on the date stated above.

SIGNATURE (Degree or title): J. L. Billingslea, M.D. ADDRESS: Westminster, Maryland DATE SIGNED: 7-17-52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: July 18, 1952
NAME OF CEMETERY OR CREMATORY: Meadow Branch Cem.
LOCATION (City, town, or county) (State): near Westminster Md.

DATE REC'D BY LOCAL REG.: 7/17/52
REGISTRAR'S SIGNATURE: [signature]

24. FUNERAL DIRECTOR: John R. Byers ADDRESS: Westminster, Md.

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JUL 21 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 74

1. PLACE OF DEATH:
COUNTY Carroll MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Henryton
LENGTH OF STAY (in this place) 6yrs.8mos18days
HOSPITAL OR INSTITUTION OR STREET ADDRESS HENRYTON STATE HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rockville, Maryland
STREET ADDRESS (If rural, give location) ✓

3. NAME OF DECEASED: (Type or Print) (First) GEORGE (Middle) (Last) Duffin

4. DATE OF DEATH: (Month) July (Day) 29 (Year) 1952

5. SEX: Male
6. COLOR OR RACE: Negro
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: March 29, 1881
9. AGE last birthday: 71 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer
10b. KIND OF BUSINESS OR INDUSTRY: Disher Washer
11. BIRTHPLACE (State or foreign country): Rockville, Maryland
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Vaice Duffin
14. MOTHER'S MAIDEN NAME: Rachel Harmon

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.: Unknown
17. INFORMANT & ADDRESS: Deceased

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Far Advanced Pulmonary Tuberculosis — INTERVAL BETWEEN ONSET AND DEATH: January
002x
DUE TO
Antecedent cause(s) (b) — 1943
Diseases or conditions, if any, giving rise to the above cause stating underlying cause last
DUE TO
(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. 19, 1945, to July 29, 1952, that I last saw the deceased alive on July 29, 1952, and that death occurred at 9:30 P.m., from the causes and on the date stated above.

SIGNATURE T.F. Vestal (DEGREE OR TITLE) M.D. ADDRESS Henryton, Maryland DATE SIGNED 7-29-52

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF 8/1/52
NAME OF CEMETERY OR CREMATORY Lincoln Park
LOCATION (City, town, or county) Rockville md (State)

DATE REC'D BY LOCAL REG. 7/29/52
REGISTRAR'S SIGNATURE Albert R. Swanhbaum
24. FUNERAL DIRECTOR Robert L. Snowden ADDRESS Rockville md

Local Deputy

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

RECEIVED
AUG 4
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 74

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Howard Carroll MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sykesville
LENGTH OF STAY (in this place) 2mo.
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sykesville
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) NANCY (Middle) — (Last) DUTTON

4. DATE OF DEATH: (Month) July (Day) 28 (Year) 1952

5. SEX: female

6. COLOR OR RACE: colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widowed

8. DATE OF BIRTH: ? 1863

9. AGE last birthday: 89? yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housework

10b. KIND OF BUSINESS OR INDUSTRY: own home

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: ? Brightwell

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If year, give war or dates of service)

16. SOCIAL SECURITY NO.: none

17. INFORMANT AND ADDRESS: Mary Rheubottom, Sykesville, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Congestive heart failure — Interval between onset and death: 2 mo.

424.1 Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) ——— (c) Senilitas

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7/5, 1952, to 7/28, 1952, that I last saw the deceased alive on 7/28, 1952, and that death occurred at 8?? p.m., from the causes and on the date stated above.

SIGNATURE J. W. Hentzen (Degree or title) M.D. ADDRESS Sykesville Md. DATE SIGNED 7-29-52

23. BURIAL, CREMATION, REMOVAL (Specify) BURIAL | DATE 8-1-1952 | NAME OF CEMETERY OR CREMATORY White Rock | LOCATION (City, town, or county) (State) Carroll Co., Md.

DATE REC'D BY LOCAL REG. July 31, 1952 | REGISTRAR'S SIGNATURE C. Harry Weed

24. FUNERAL DIRECTOR C. M. Waltz, ADDRESS Winfield, Md.

RECEIVED
AUG 4 1952
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 24

1. PLACE OF DEATH — COUNTY: Carroll — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Sykesville — LENGTH OF STAY (in this place): 5 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Springfield State Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Md. — COUNTY: [illegible]
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Silver Spring
STREET ADDRESS (If rural, give location): 8623 Piney Branch Rd.

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Charles		Eshman	7	21	1952

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
M.	W.	[illegible]	6-4-73	79 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
[illegible]	Barber	Pa.	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Augustus Eshman	[illegible] Silver Spring

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
unknown	[illegible]	Mrs. Emma Eshman 8623 Piney Branch Rd.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
3 2 1 Immediate cause	(a) Cerebral hemorrhage	2 wks.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Hypertension	5 yrs.
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. fracture of neck of L. femur — several weeks

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)
no information				

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 7-17, 1952, to 7-21, 1952, that I last saw the deceased alive on 7-17 1952, and that death occurred at 6:20 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
Ira Eshman M.D.	Springfield State Hosp.	7-21-52

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
	7-24-52	[illegible]	[illegible] Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
July 22, 1952	[illegible]	[illegible]	[illegible] Md.

RECEIVED
JUL 23
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 83

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct answer is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A

1. PLACE OF DEATH- COUNTY: Carroll | MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural--Sykesville | LENGTH OF STAY (In this place): 27 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED- STATE: Maryland | COUNTY: Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural--Sykesville
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) W. (Middle) RAYMOND (Last) ETZLER

4. DATE OF DEATH: (Month) JULY (Day) 6, (Year) 1952

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): married

8. DATE OF BIRTH: 12-24-1889

9. AGE last birthday: 62 yrs. | If under 1 year: Months | Days | If under 24 hrs: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY: owner

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Samuel E. Etzler

14. MOTHER'S MAIDEN NAME: Annie B. Bauker

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no | (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: none

17. INFORMANT AND ADDRESS: Mrs. Nellie C. Etzler, Sykes. Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary occlusion — Interval between onset and death: —

420.1 Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☑ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE | (Degree or title) | ADDRESS | DATE SIGNED

Asst & Chief Deputy Medical Examiner, Westminster, Md. 7/6/52

23. BURIAL, CREMATION, REMOVAL (Specify): BURIAL | DATE THEREOF: 7-9-1952 | NAME OF CEMETERY ~~OR CREMATORY~~: Mt. Olivet | LOCATION (City, town, or county) (State): Frederick, Md.

DATE REC'D BY LOCAL REG. 7-8-52 | REGISTRAR'S SIGNATURE: E. L. M Hewitt

24. FUNERAL DIRECTOR | ADDRESS: C. M. Waltz, Winfield, Md.

RECEIVED
JUL 14 1952
U. S.

07334

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 81

1. PLACE OF DEATH: COUNTY Carroll — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Union Bridge — LENGTH OF STAY (in this place) Years
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Union Bridge
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last): MARGARET CATHERINE EYLER

4. DATE OF DEATH (Month) (Day) (Year): July 17 1952

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): W

8. DATE OF BIRTH: 1/31/1868

9. AGE last birthday: 84 yrs. — If under 1 year: Months, Days — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife

10b. KIND OF BUSINESS OR INDUSTRY: own home

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: Edward H Knipple

14. MOTHER'S MAIDEN NAME: Anna E Fogle

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: none

17. INFORMANT AND ADDRESS: Emma G Broadwater - Union Bridge

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cardiac exhaustion

450 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerosis

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Apr., 1951, to July 17, 1952, that I last saw the deceased alive on July 17, 1952, and that death occurred at [illegible] m., from the causes and on the date stated above.

SIGNATURE: T. H. Legg (Degree or title) M D — ADDRESS: Union Bridge — DATE SIGNED: 7-18-52 Maryland

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: 7/20/52 — NAME OF CEMETERY OR CREMATORY: Keysville — LOCATION (City, town, or county) (State): Keysville Md

DATE REC'D BY LOCAL REG.: July 18, 1952 — REGISTRAR'S SIGNATURE: Leslie L. Repp

24. FUNERAL DIRECTOR: D. D. Hartzell & Sons — ADDRESS: Union Bridge & New Windsor

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUL 21 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 24

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

1. PLACE OF DEATH:

COUNTY: Carroll — MARYLAND

CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN: Henryton

LENGTH OF STAY (in this place): 1yr.10mths25days

HOSPITAL OR INSTITUTION OR STREET ADDRESS: HENRYTON STATE HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE: Maryland COUNTY: Baltimore

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Sparrows Point

STREET ADDRESS (If rural, give location): 2710 Lodge Farm Road ✓

3. NAME OF DECEASED: (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH: (Month)	(Day)	(Year)
LUCY		FAISON	July	16	19 52

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	Negro	Married	April 1,1924	28 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Nurse	Hospital	Camden, S. Carolina	

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
James Brisbon	Martha Reed

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
No	215-22-3204	Deceased

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
0027 Immediate cause	(a) Far Advanced Bilateral Cavitary Pulmonary TB	July 1948
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b)	July 16,1952
	DUE TO (c)	

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION:	20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month)	(Day)	(Year)	(Hour) M.	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug. 21, 19 50, to July 16, 19 52, that I last saw the deceased alive on July 16, 19 52, and that death occurred at 10:15 P. m., from the causes and on the date stated above.

SIGNATURE	(DEGREE OR TITLE)	ADDRESS	DATE SIGNED
T.F. Postal	M.D	Henryton, Maryland	7/16/52

23. BURIAL, CREMATION REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	7/21/52	Mt Calvary Cemetery	A. County Maryland

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
7/16/52	Albert R. Swankhaus Deputy Local	Rayner-Sanders	217 E. Preston St Balto 2 Md.

RECEIVED

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 24

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY: CARROLL — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: RURAL, SYKESVILLE
LENGTH OF STAY (in this place): 1 mo 20 da.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: SPRINGFIELD STATE HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: MARYLAND COUNTY: WASHINGTON
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: HAGERSTOWN
STREET ADDRESS (If rural, give location): 822 Washington Avenue ✓

3. NAME OF DECEASED (Type or Print): (First) MAUD (Middle) URSALLA (Last) FRENCH

4. DATE OF DEATH: (Month) 7 (Day) 29 (Year) 19 52

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 12-20-90

9. AGE last birthday: 61 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Silk weaver

10b. KIND OF BUSINESS OR INDUSTRY: and machine operation Silk Mill

11. BIRTHPLACE (State or foreign country): Columbia, Pennsylvania

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: JOSEPH STAAB

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Unk (If Yes, give war or dates of service) ?

16. SOCIAL SECURITY NO.: Unk -

17. INFORMANT & ADDRESS: HOSPITAL RECORDS

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

464 X

Immediate cause (a) PULMONARY EMBOLISM — Interval Between Onset and Death: 12 hours

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) THROMBOPHLEBITIS RIGHT LEG — 48? hours

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. PSYCHOSIS WITH CEREBRAL ARTERIOSCLEROSIS — 7 years

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 9, 19 52, to July 29, 19 52, that I last saw the deceased alive on July 29, 19 52, and that death occurred at 7 P. m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS — DATE SIGNED

Henry C. A. Mead, M. D. Springfield State Hospital, Sykesville, Maryland 7-30-52

23. BURIAL, CREMATION, REMOVAL (Specify): Removal

DATE THEREOF: 7-30-52

NAME OF CEMETERY OR CREMATORY

LOCATION (City, town, or county) (State): Hagerstown, Md

DATE REC'D BY LOCAL REG.: July 30 1952

REGISTRAR'S SIGNATURE: C. Harry Weed

24. FUNERAL DIRECTOR ADDRESS: Fred W. Kruis - Hagerstown, Md

VS. A15 8-51

RECEIVED
AUG 4 1952
BUREAU V. S.

07337

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 71

1. PLACE OF DEATH: COUNTY Carroll MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Uniontown
LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Uniontown
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) THEODORE (Middle) MICHAEL (Last) HAINES

4. DATE OF DEATH (Month) July (Day) 29 (Year) 1952

5. SEX M
6. COLOR OR RACE W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH Oct 6 1874
9. AGE last birthday 77 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Charles Haines
14. MOTHER'S MAIDEN NAME Frances Stern

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY No. None
17. INFORMANT AND ADDRESS E. M. Haines - Westminster Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Heart block	24 h
422.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arteriosclerotic C-V disease	years
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July, 1951, to July 29, 1952, that I last saw the deceased alive on July 29, 1952, and that death occurred at 10 P m., from the causes and on the date stated above.

SIGNATURE James T Marsh (Degree or title) M.D. ADDRESS Westminster Md DATE SIGNED July 29/52

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Aug 1, 1952
NAME OF CEMETERY OR CREMATORY Methodist Cemetery
LOCATION (City, town, or county) Uniontown (State) Maryland

DATE REC'D BY LOCAL REG. July 31/52
REGISTRAR'S SIGNATURE Margaret R. Engle
24. FUNERAL DIRECTOR C. O. Fuss & Son ADDRESS Taneytown, Maryland

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A 5

RECEIVED
AUG 7 1902
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 24

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly

MARGIN RESERVED FOR BINDING

VS. AA 8-51

1. PLACE OF DEATH:

COUNTY Carroll — MARYLAND

CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town): Henryton

LENGTH OF STAY (in this place): 3 days

HOSPITAL OR INSTITUTION OR STREET ADDRESS: HENRYTON STATE HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Maryland COUNTY Montgomery

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Norbeck

STREET ADDRESS (If rural; give location): Rt. #2 Norwood Road ✓

3. NAME OF DECEASED: (First) (Middle) (Last) (Type or Print)	4. DATE OF DEATH: (Month) (Day) (Year)	5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
ALFRED HAMMOND	July 12, 1952	Male	Negro	Single	August 25, 1927	24 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Laboter	Water-main	Norbeck, Maryland	

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Harrison Hammond	Roberta Williams

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
No	579-42-1569	Deceased

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Far Advanced Bilateral Pulmonary Tuberculosis	November, 1950
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) DUE TO	
	(c) DUE TO	

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION:	20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
M.		

22. I hereby certify that I attended the deceased from July 9, 19 52, to July 12, 19 52 that I last saw the deceased alive on July 12, 1952, and that death occurred at 4:15 P. m., from the causes and on the date stated above.

SIGNATURE	(DEGREE OR TITLE)	ADDRESS	DATE SIGNED
T. F. Vestal	M. D.	Henryton, Maryland	7-12-52

23. BURIAL, CREMATION REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Removal	July 15	Norbeck MD	Norbeck MD

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
7-12-52	Albert R. Swanstrom Deputy Local	Robert L. Snowden	Rockville

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JUL 17 1952
BUREAU U. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 74

1. PLACE OF DEATH: Springfield State Hospital
COUNTY Carroll MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sykesville
LENGTH OF STAY (in this place) 3 mos.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Springfield State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore City
STREET ADDRESS (If rural give location) 919 North Monroe Street

3. NAME OF DECEASED: (Type or Print) (First) Frank (Middle) August (Last) Hann
4. DATE OF DEATH: (Month) July (Day) 26 (Year) 1952

5. SEX: male
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widower
8. DATE OF BIRTH: 11/28/60
9. AGE last birthday: 91 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): farmer & carpent.
10b. KIND OF BUSINESS OR INDUSTRY: Unk.
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Alfred A. Hann
14. MOTHER'S MAIDEN NAME: Catherine Stone

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) unk. (If Yes, give war or dates of service) --
16. SOCIAL SECURITY NO.: Unknown
17. INFORMANT & ADDRESS: Records-Springfield State Hospital

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: 491X

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Bronchopneumonia	2 days
DUE TO		
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) Senility	more than one year
DUE TO		
	(c)	

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Senile Psychosis and Myocardial degeneration — more than one year

19a. DATE OF OPERATION: --
19b. MAJOR FINDINGS OF OPERATION: ---
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) ---
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) --
(CITY OR TOWN) ----- (COUNTY) -- (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) --- M.
INJURY OCCURRED While at work ☐ Not while at work ☐ --
HOW DID INJURY OCCUR? -----

22. I hereby certify that I attended the deceased from April 9, 1952, to July 26, 1952, that I last saw the deceased alive on July 26, 1952 and that death occurred at 12:45 p.m., from the causes and on the date stated above.

SIGNATURE Martin Gross, M.D. (DEGREE OR TITLE) M.D. ADDRESS Sykesville, Maryland DATE SIGNED 7/26/52

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF 7-30-52
NAME OF CEMETERY OR CREMATORY London Park
LOCATION (City, town, or county) Baltimore, Md. (State)
DATE REC'D BY LOCAL REG. July 26, 1952
REGISTRAR'S SIGNATURE C. Harry Weer
24. FUNERAL DIRECTOR James L. McCully ADDRESS 130 E. Fort Ave.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A1E 8-51

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07340

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 82

1. PLACE OF DEATH: COUNTY Carroll MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mt. Airy
LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mt. Airy
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) MOLLIE (Middle) G. (Last) HARRISON
4. DATE OF DEATH (Month) July (Day) 5 (Year) 1952

5. SEX female
6. COLOR OR RACE white
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) widowed
8. DATE OF BIRTH 9-9-1869
9. AGE last birthday 82 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME Henry Nusbaum
14. MOTHER'S MAIDEN NAME Sarah Snyder

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. none
17. INFORMANT AND ADDRESS Mr. B.C. Harrison, Mt. Airy, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Acute Cardiac Failure

443 X

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertension, Chron Myocarditis

(c) General debility due to age

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 4, 1952, to July 5, 1952, that I last saw the deceased alive on July 4, 1952, and that death occurred at 3457 m., from the causes and on the date stated above.

SIGNATURE C M Van Poole (Degree or title) M.D. ADDRESS Mt Airy Md DATE SIGNED 7-6-52

23. BURIAL, CREMATION REMOVAL (Specify) BURIAL
DATE THEREOF 7-7-1952
NAME OF CEMETERY OR CREMATORY Pine Grove Cemetery
LOCATION (City, town, or county) (State) Carroll Co., Md.

DATE REC'D BY LOCAL REG. 7/7/52
REGISTRAR'S SIGNATURE Wm D Snyder
24. FUNERAL DIRECTOR C. M. Waltz, ADDRESS Winfield, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 73

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Carroll — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Taneytown Md | LENGTH OF STAY (in this place) 18 Mo.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring View Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Taneytown Md
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Sadie (Middle) Ann (Last) Harner
4. DATE OF DEATH: (Month) July (Day) 9 (Year) 1952

5. SEX: Female | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widow | 8. DATE OF BIRTH: Jan 25 1880 | 9. AGE last birthday: 72 yrs. | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife | 10b. KIND OF BUSINESS OR INDUSTRY: Home | 11. BIRTHPLACE (State or foreign country): Maryland | 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Israel Utz
14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No | 16. SOCIAL SECURITY NO.: none | 17. INFORMANT AND ADDRESS: Ralph Harner Taneytown Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Chronic Glomerular Nephritis
4427 Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerotic Cardio-Renal Vascular disease ?
(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At Work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 2, 19 51, to July 9, 19 52, that I last saw the deceased alive on July 9, 19 52, and that death occurred at 10:30 P.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Luther E. Bush M.D. Hampstead Md 7/9/52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF 7/12/52 | NAME OF CEMETERY OR CREMATORY: Piney Creek Presbyterian | LOCATION (City, town, or county) (State): Taneytown Maryland

DATE REC'D BY LOCAL REG. July 11, 1952 | REGISTRAR'S SIGNATURE: Ethel M Mehring | 24. FUNERAL DIRECTOR: C. O. Fuss & Son | ADDRESS: Taneytown, Md.

Rev. Mrs WPS-Denner

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JUL 17 1
BUREAU V. S.

COPYRIGHT 1952 LOCAL REGISTRAR No. ___ DATE 7-12-52

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 83

VS. 45T

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct answer is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH — COUNTY: Carroll — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Woodbine — LENGTH OF STAY (in this place): Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Woodbine
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) Lula (Middle) (Last) Hatfield

4. DATE OF DEATH: (Month) July (Day) 17, (Year) 1952

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: 1-21-1872

9. AGE last birthday: 80 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housework

10b. KIND OF BUSINESS OR INDUSTRY: own home

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Ephraim Zepp

14. MOTHER'S MAIDEN NAME: Sarah Cline

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service): no

16. SOCIAL SECURITY NO.: none

17. INFORMANT AND ADDRESS: Margaret Harrison, Woodbine, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cacalexia — 6 wks

Antecedent cause(s) — Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Carcinoma of Liver — 7 mo.?

(c)

II. OTHER SIGNIFICANT CONDITIONS — Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: none — 19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 27, 1952, to July 17, 1952, that I last saw the deceased alive on July 16, 1952, and that death occurred at 8:20 A.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED

Stanley Grabill - M.D. — Mt Airy, Md — 7/17/52

23. BURIAL, CREMATION, REMOVAL (Specify): BURIAL — DATE: 7-19-1952 — NAME OF CEMETERY OR CREMATORY: Poplar Springs — LOCATION (City, town, or county) (State): Howard Co., Md.

DATE REC'D BY LOCAL REG.: July 18-1952 — REGISTRAR'S SIGNATURE: Edna M Hall

24. FUNERAL DIRECTOR — ADDRESS: C. M. Waltz, Winfield, Md.

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JUL 28 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.....

M

The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully.

VS. AF

1. PLACE OF DEATH: COUNTY Carroll; STATE MARYLAND
   CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural-Mt.Airy; LENGTH OF STAY (in this place) 2½ years
   HOSPITAL OR INSTITUTION OR STREET ADDRESS Rt 2 - Near Watersville

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Carroll
   CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural - Mt.Airy
   STREET ADDRESS (If rural, give location) Rt 2 - Near Watersville

3. NAME OF DECEASED (Type or Print): (First) John; (Middle) Algar; (Last) Heard

4. DATE OF DEATH: (Month) July; (Day) 28; (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): MARRIED

8. DATE OF BIRTH: Aug 1, 1884

9. AGE last birthday: 67 yrs. If under 1 year: Months; Days. If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Pattern Maker

10b. KIND OF BUSINESS OR INDUSTRY: Machinery

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: William W. Heard

14. MOTHER'S MAIDEN NAME: Ella May Overton

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)

16. SOCIAL SECURITY NO.: 212-09-7935

17. INFORMANT AND ADDRESS: Mrs. John A. Heard - Mt. Airy, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Arteriosclerotic Heart Disease — Interval Between Onset and Death: several years

4

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerosis, Generalized

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from August, 1950, to July, 1952, that I last saw the deceased alive on About May 30, 1952, and that death occurred at 11 A. m., from the causes and on the date stated above.

SIGNATURE: W.B. Culwell (Degree or title) M.D. ADDRESS: Mt. Airy, Md. DATE SIGNED: 7/28/52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial; DATE: Aug 1, 1952; NAME OF CEMETERY OR CREMATORY: Woodlawn; LOCATION (City, town, or county) (State): Woodlawn Md.

DATE REC'D BY LOCAL REG.: 7/29/52; REGISTRAR'S SIGNATURE: W W Hedges JP

24. FUNERAL DIRECTOR: Ellsworth Armacost; ADDRESS: 4600 Liberty Heights Ave.

250-

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 74

1. PLACE OF DEATH:

COUNTY: CARROLL — MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: SYKESVILLE

LENGTH OF STAY (in this place): NAY 10, 1929

HOSPITAL OR INSTITUTION OR STREET ADDRESS: SPRINGFIELD STATE HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE: MARYLAND COUNTY: BALTIMORE

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: ~~BALTIMORE COUNTY~~

STREET ADDRESS (If rural, give location): UNKNOWN.

3. NAME OF DECEASED: (Type or Print) (First) JOHN (Middle) (Last) HEINZ

4. DATE OF DEATH: (Month) July (Day) 1 (Year) 1952

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married

8. DATE OF BIRTH: June 22, 1874.

9. AGE last birthday: 78 yrs. — IF UNDER 1 YEAR: Months — Days — IF UNDER 24 HRS.: Hours — Min. —

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): BUTCHER

10b. KIND OF BUSINESS OR INDUSTRY: Meat

11. BIRTHPLACE (State or foreign country): BALTIMORE COUNTY.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: JOHN HEINZ.

14. MOTHER'S MAIDEN NAME: AMANDA PALMER

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) UNKNOWN (If Yes, give war or dates of service) —

16. SOCIAL SECURITY No.: unknown.

17. INFORMANT & ADDRESS: Records - Springfield State Hospital

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

			Interval Between Onset and Death
Immediate cause	(a)	CEREBROVASCULAR ACCIDENT	2 days
491X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b)	BRONCHOPNEUMONIA	3 days
	DUE TO (c)		

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. INVOLUTIONAL MELANCHOLIA — 24 years

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION: —

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) —

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) — M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from Sept. 1, 1947 to July 1, 1952, that I last saw the deceased alive on July 1, 1952, and that death occurred at 6:30 p.m., from the causes and on the date stated above.

SIGNATURE: M. Virginia Beyer. (DEGREE OR TITLE) M.D. ADDRESS: Springfield St. Hospital - Sykesville Md. DATE SIGNED: 7-1-52

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: 7-3-52 — NAME OF CEMETERY OR CREMATORY: Parkwood — LOCATION (City, town, or county) (State): Balto. Md.

DATE REC'D BY LOCAL REG.: July 2, 1952 — REGISTRAR'S SIGNATURE: C. Harry Weir — **24. FUNERAL DIRECTOR** Wm Cook Inc. — ADDRESS: 1217 St Paul St.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

RECEIVED
JUL 3 1952
BUREAU U. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 24

1. PLACE OF DEATH:
COUNTY Carroll MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Henryton, Maryland
LENGTH OF STAY (in this place) 4yrs.6mos.11days
HOSPITAL OR INSTITUTION OR STREET ADDRESS HENRYTON STATE HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Dorchester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hurlock, Maryland
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) Mildred (Middle) Sampson (Last) Holliday
4. DATE OF DEATH: (Month) July (Day) 16 (Year) 1952

5. SEX: Female
6. COLOR OR RACE: Negro
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: Nov. 28, 1921
9. AGE last birthday: 30 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer
10b. KIND OF BUSINESS OR INDUSTRY: Factory Work
11. BIRTHPLACE (State or foreign country): Hurlock, Maryland
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Orvile Jolly
14. MOTHER'S MAIDEN NAME: Lula Sampson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 218-16-9926
17. INFORMANT & ADDRESS: Deceased

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:
002 X
Immediate cause (a) Far Advanced Bilateral Cavitary Pulmonary T B. — INTERVAL BETWEEN ONSET AND DEATH: Oct.1946
DUE TO
Antecedent cause(s) (b) — July 16,1952
Diseases or conditions, if any, giving rise to the above cause stating underlying cause last
DUE TO
(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 5, 1948, to July 16, 1952, that I last saw the deceased alive on July 16, 1952, and that death occurred at 5:20 P.m., from the causes and on the date stated above.
SIGNATURE T.F. Vestal (DEGREE OR TITLE) M.D. ADDRESS DATE SIGNED 7-16-52

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF 7-20-52
NAME OF CEMETERY OR CREMATORY Federalsburg
LOCATION (City, town, or county) (State) Federalsburg, Md.
DATE REC'D BY LOCAL REG. 7/16/52
REGISTRAR'S SIGNATURE Albert R. Swankhaus
24. FUNERAL DIRECTOR J.J. Frampton & Son - Federalsburg, Md. ADDRESS

Local Deputy

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15 8-51

RECEIVED
JUL 21 1952
BUREAU V. S.

07346

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 17

1. PLACE OF DEATH
COUNTY: CARROLL — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: RURAL, SYKESVILLE — LENGTH OF STAY (in this place): 20 da.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: SPRINGFIELD STATE HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: MARYLAND — COUNTY: Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: CUMBERLAND
STREET ADDRESS (If rural, give location): 310 Harrison Street

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
VERONICA	CATHERINE	JACKSON	7	17	1952

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
FEMALE	WHITE	SEP.	3-11-95	57 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
(Spinner) Works in	Textile Factory	Keyser, W. Va.	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
HENRY CLAY JACKSON	MARY NAUGHTON

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY No.	17. INFORMANT AND ADDRESS
no	[illegible]	HOSPITAL RECORDS

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) UREMIA WITH PULMONARY OEDEMIA	4 days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) HYPERTENSIVE CARDIO-VASCULAR (Renal) DISEASE	Indefinite
	(c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	PSYCHOSIS WITH CEREBRAL ARTERIOSCLEROSIS	5 years

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at Work ☐	Not While At work ☐	HOW DID INJURY OCCUR?
			m.			

22. I hereby certify that I attended the deceased from June 27, 1952, to July 17, 1952, that I last saw the deceased alive on July 17, 1952 and that death occurred at 11:55 p.m., from the causes and on the date stated above.

SIGNATURE: Henry C. A. Mead (Degree or title) — ADDRESS — DATE SIGNED

Henry C. A. Mead, M. D. Springfield State Hospital, Sykesville, Md. 7-18-52

23. BURIAL, CREMATION / REMOVAL, (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	7-21-52	Riverview	Cumberland, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
July 18, 1952	[illegible]	[illegible]	[illegible] W. Va.

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
JUL 23 19
BUREAU M. S.

From records Bureau Tbc. 8-11-52 ams

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 [illegible]

CERTIFICATE OF DEATH

Reg. Dist. No. 24

1. PLACE OF DEATH:
COUNTY Carroll MARYLAND
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) Sykesville
LENGTH OF STAY (in this place) 12 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS Springfield State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sykesville
STREET ADDRESS (If rural, give location) Springfield State Hospital 2303 W. Fayette Street

3. NAME OF DECEASED: (Type or Print) (First) Harry (Middle) (Last) KANE

4. DATE OF DEATH: (Month) 7 (Day) 1 (Year) 1952

5. SEX: M

6. COLOR OR RACE: Wh.

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): S.

8. DATE OF BIRTH: 8.25.1895

9. AGE last birthday: 56 yrs.
IF UNDER 1 YEAR Months Days
IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Errand boy

10b. KIND OF BUSINESS OR INDUSTRY: Unknown

11. BIRTHPLACE (State or foreign country): West Virginia

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Morris KANE

14. MOTHER'S MAIDEN NAME: MARY O'Connell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no
(If Yes, give war or dates of service) —

16. SOCIAL SECURITY NO.: Unknown

17. INFORMANT & ADDRESS: Records: Springfield St. Hospital

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:
Immediate cause (a) Pulmonary Tuberculosis — INTERVAL BETWEEN ONSET AND DEATH: 6 years
DUE TO
Antecedent cause(s) 0028
Diseases or conditions, if any, giving rise to the above cause stating underlying cause last
(b)
DUE TO
(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Mental Deficiency — Life

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4.8., 1940, to 7.1., 1952, that I last saw the deceased alive on 7-1-, 1952, and that death occurred at 9.25 p.m., from the causes and on the date stated above.
SIGNATURE (DEGREE OR TITLE) W. V. Winiarz M.D. ADDRESS Springfield St. Hosp. Sykesville, Md. DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify): Removal
DATE THEREOF 7-3-52
NAME OF CEMETERY OR CREMATORY
LOCATION (City, town, or county) (State) Balto. Md.

DATE REC'D BY LOCAL REG. July 2, 1952
REGISTRAR'S SIGNATURE C. Harry Ware
24. FUNERAL DIRECTOR William Cook Inc. ADDRESS 1212 Park Ave.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

RECEIVED
JUL 9 1
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 76

1. PLACE OF DEATH: COUNTY Carroll Co; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural, Westminster; LENGTH OF STAY (in this place) 2 yrs.; HOSPITAL OR INSTITUTION OR STREET ADDRESS Uniontown Road; MARYLAND

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Carroll; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural, Westminster, Md; STREET ADDRESS (If rural, give location) Uniontown Road

3. NAME OF DECEASED (Type or Print): (First) ELNORA (Middle) (Last) KAY

4. DATE OF DEATH: (Month) July (Day) 11 (Year) 1952

5. SEX: F.

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Oct 22, 1870

9. AGE last birthday: 81 yrs. If under 1 year: Months; Days; If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Home-wife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Cecil Co. Md.

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13. FATHER'S NAME: James M. Ewing

14. MOTHER'S MAIDEN NAME: Theresa Montgomery

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: Chas. H. Armacost, Westminster Md RD #5

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

331X

Immediate cause (a) Acute [illegible]; Interval Between Onset and Death: 6 hrs

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) cerebral hemorrhage; 2 days

(c) arterio sclerosis; 8 yrs

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7-7, 1952 to 7-11, 1952 that I last saw the deceased alive on 7-10, 1952, and that death occurred at 8.30A m., from the causes and on the date stated above.

SIGNATURE: Edna R Foot (Degree or title) MD ADDRESS: W'st'n'str Md DATE SIGNED: 7-12-52

23. BURIAL, CREMATION REMOVAL (Specify): Burial; DATE THEREOF: July 14 1952; NAME OF CEMETERY OR CRIMATORY: Emlensburg Cemetery; LOCATION (City, town, or county) (State): Emlensburg Carroll Co. Md.

DATE RECD BY LOCAL REG.: 7/13/52; REGISTRAR'S SIGNATURE: [illegible]

24. FUNERAL DIRECTOR: J. E. Myers Jr. ADDRESS: Westminster, Md

VS. A4

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
JUL 14 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 74

1. PLACE OF DEATH:
COUNTY CARROLL MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN RURAL, SYKESVILLE
LENGTH OF STAY (in this place) 1 mo. 4 da.
HOSPITAL OR INSTITUTION OR STREET ADDRESS SPRINGFIELD STATE HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY GARRETT
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN MOUNTAIN LAKE PARK
STREET ADDRESS (If rural, give location) ✓

3. NAME OF DECEASED: (Type or Print) (First) CLAUD (Middle) DUVAL (Last) KIGHT

4. DATE OF DEATH: (Month) 7 (Day) 26 (Year) 1952

5. SEX: male
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): single
8. DATE OF BIRTH: 5-15-77
9. AGE last birthday: 75 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Coal Miner
10b. KIND OF BUSINESS OR INDUSTRY: Mining
11. BIRTHPLACE (State or foreign country): SWANTON, MARYLAND
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: LEWIS F. KIGHT
14. MOTHER'S MAIDEN NAME: MARY ELIZABETH MURPHY

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Unk. (If Yes, give war or dates of service) ?
16. SOCIAL SECURITY NO.: Unk.
17. INFORMANT & ADDRESS: HOSPITAL RECORDS

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) METASTASES TO THE LUNGS — Interval Between Onset and Death: Months
DUE TO
177X
Antecedent cause(s) (b) CARCINOMA OF PROSTATE GLAND — Indefinite
Diseases or conditions, if any, giving rise to the above cause stating underlying cause last
DUE TO
(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. SENILE PSYCHOSIS, SIMPLE DETERIORATION — Months

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 23, 1952, to July 26, 1952, that I last saw the deceased alive on July 26, 1952, and that death occurred at 10:40 p.m., from the causes and on the date stated above.

SIGNATURE Henry C. A. Mead, M.D. (DEGREE OR TITLE) ADDRESS Springfield State Hospital, Sykesville, Md. DATE SIGNED 7-28-52

23. BURIAL, CREMATION REMOVAL, (Specify): Burial
DATE THEREOF 7-30-52
NAME OF CEMETERY OR CREMATORY Kight
LOCATION (City, town, or county) Cross, W. Va. (State)
DATE REC'D BY LOCAL REG. July 28, 1952
REGISTRAR'S SIGNATURE C. Harry Weer
24. FUNERAL DIRECTOR E. H. Coal — ADDRESS Westernport, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A1 8-51

RECEIVED
JUL 30 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 24

17851

MARGIN RESERVED FOR BINDING. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. PLEASE WRITE PLAINLY, WITH UNFADING INK.

VS-A15

1. PLACE OF DEATH: COUNTY: CARROLL; STATE: MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: RURAL, SYKESVILLE; LENGTH OF STAY (in this place): 46 yr 5 mo 2

HOSPITAL OR INSTITUTION OR STREET ADDRESS: SPRINGFIELD STATE HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland; COUNTY: Balto. Co.; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore; STREET ADDRESS (If rural, give location): 774 Columbia Avenue

3. NAME OF DECEASED (Type or Print)	(First)	(Middle)	(Last)	4. DATE OF DEATH	(Month)	(Day)	(Year)
	BESSIE		LAVIEZ		7	15	1952

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
FEMALE	WHITE	MARRIED		86 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
unk.		unk.	

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
unk.	unk

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
		HOSPITAL RECORDS

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) INTESTINAL ADHESIONS WITH OBSTRUCTION	5 months
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) EMPYEMA GALL BLADDER,	5 months
	Hypertensive cardio-vascular disease (c) CYST OF KIDNEY, RIGHT	years Life
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Schizophrenia, hebephrenic type	46 years

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
7-11-52	Empyema gall bladder	Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from Jan. 21, 1906, to July 15, 1952, that I last saw the deceased alive on July 15, 1952, and that death occurred at 10:05 p.m., from the causes and on the date stated above.

SIGNATURE: Robert H. Taylor M.D. (Degree or title) ADDRESS: Springfield State Hospital, Sykesville, Maryland DATE SIGNED: 7-16-52

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	7/17/52	Hebrew Friendship	Balto St	Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
7/16/52		David R Master	1902 Eutaw place

M

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 7

1. PLACE OF DEATH: COUNTY Carroll Co. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural, Westminster
LENGTH OF STAY (in this place) about 6 mo.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Near Balto. Blvd.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Penna. COUNTY Adams
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hanover
STREET ADDRESS (If rural, give location) 210 E. Middle St.

3. NAME OF DECEASED (Type or Print) (First) HANNAH (Middle) S. (Last) LEIDY
4. DATE OF DEATH (Month) July (Day) 23 (Year) 1952

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed
8. DATE OF BIRTH Jan. 31, 1862
9. AGE last birthday 90 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Home-wife
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Telford Pa.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Martin Shive
14. MOTHER'S MAIDEN NAME Catherine Sowrer

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS Frank Leidy Jr. Westminster Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Acute decompensation - Myocardial	Hours
421.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arteriosclerotic C. V. disease	years
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April, 1952, to July 23, 1952, that I last saw the deceased alive on July 21, 1952, and that death occurred at 9 A. m., from the causes and on the date stated above.

SIGNATURE James T. Marsh (Degree or title) M.D. ADDRESS Westminster Md DATE SIGNED 7/24/52 Mont. Co.

23. BURIAL, CREMATION REMOVAL (Specify) Buried
DATE THEREOF July 26, 52
NAME OF CEMETERY OR CREMATORY Leidy Cemetery
LOCATION (City, town, or county) (State) Near Sounderton Pa.

DATE REC'D BY LOCAL REG. 7/24/52
REGISTRAR'S SIGNATURE [illegible]
24. FUNERAL DIRECTOR J. S. Myers Jr. ADDRESS Westminster Md

RECEIVED
JUL 28 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No.....

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY Carroll — MARYLAND
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) Sykesville
LENGTH OF STAY (in this place) 26 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS Springfield State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) Unknown

3. NAME OF DECEASED: (First) MATAGORDA (Middle) (Last) LIST

4. DATE OF DEATH: (Month) July (Day) 25 (Year) 1952

5. SEX: fem.

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widowed

8. DATE OF BIRTH: March 9, 1872

9. AGE last birthday: 80 yrs. — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Clerk at Balto O. R. R.

10b. KIND OF BUSINESS OR INDUSTRY: Railroad

11. BIRTHPLACE (State or foreign country): Kentucky

12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME: Sanford L. TIPPIN

14. MOTHER'S MAIDEN NAME: Harriet N. KINSEY

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no

(If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: none

17. INFORMANT & ADDRESS: Hospital records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

44.7 X

Immediate cause (a) Cerebral hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 10 hours

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) hypertensive vascular disease — 13 years more than

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Schizophrenia paranoid type — 26 years

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept. 15, 1950, to 7/25, 1952, that I last saw the deceased alive on 7/24, 1952, and that death occurred at 6.40 A.M., from the causes and on the date stated above.

SIGNATURE: Gertrud Sonnenfeldt (DEGREE OR TITLE) M.D. ADDRESS: Springfield State Hospital DATE SIGNED: 7/25/52

23. BURIAL, CREMATION REMOVAL (Specify): Cremation — DATE THEREOF: 7/26/52 — NAME OF CEMETERY OR CREMATORY: Loudon Park Cem. — LOCATION (City, town, or county) (State): Balto., Md.

DATE REC'D BY LOCAL REG. 7-28-52 — REGISTRAR'S SIGNATURE: A. A. Hedrick

24. FUNERAL DIRECTOR: Sam. Tickner & Sons — ADDRESS: Balto 17, Md

11735

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 74

1. PLACE OF DEATH — COUNTY: CARROLL — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: RURAL, SYKESVILLE — LENGTH OF STAY (in this place): 17 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: SPRINGFIELD STATE HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: MARYLAND — COUNTY: MONTGOMERY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: SILVER SPRING
STREET ADDRESS (If rural, give location): 8712 COLESVILLE ROAD

3. NAME OF DECEASED (Type or Print): (First) LUMEN (Middle) HOWARD (Last) MACOMBER
4. DATE OF DEATH: (Month) 7 (Day) 21 (Year) 1952
5. SEX: MALE
6. COLOR OR RACE: WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): MARRIED
8. DATE OF BIRTH: 11-24-80
9. AGE last birthday: 71 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Commerce Comm.
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): INDIANA
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: HIRAM J. MACOMBER
14. MOTHER'S MAIDEN NAME: KATHERINE — ?
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): [illegible]
16. SOCIAL SECURITY NO.: [illegible]
17. INFORMANT AND ADDRESS: HOSPITAL RECORDS

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) BRONCHOPNEUMONIA — 2 days

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) HYPERTENSIVE HEART DISEASE WITH ARTERIOLAR NEPHROSCLEROSIS — years

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. SENILE PSYCHOSIS — 8 months

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 5, 1952, to July 21, 1952, that I last saw the deceased alive on July 21, 1952, and that death occurred at 11:15 a.m., from the causes and on the date stated above.

SIGNATURE: Henry C. A. Mead, M. D. (Degree or title) — ADDRESS: Springfield State Hospital, Sykesville, Md. — DATE SIGNED: 7-21-52

23. BURIAL, CREMATION REMOVAL (Specify): Cremation — DATE THEREOF: July 24, 1952 — NAME OF CEMETERY OR CREMATORY: Fort Lincoln — LOCATION (City, town, or county): Prince George County (State): Md

DATE REC'D BY LOCAL REG.: July 21, 1952 — REGISTRAR'S SIGNATURE: C. Harry Weber — 24. FUNERAL DIRECTOR: Warner E. Pumphrey Inc. Silver Spring, Md. — ADDRESS

M

VS. AN

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
JUL 23 19
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 74

1. PLACE OF DEATH: COUNTY Carroll MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN RURAL - Sykesville; LENGTH OF STAY (in this place) 16mo.s 12 days	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore - Zone 30
HOSPITAL OR INSTITUTION OR STREET ADDRESS Springfield State Hospital	STREET ADDRESS (If rural, give location) 1152 Hull Street

3. NAME OF DECEASED: (Type or Print)	(First) JOHN	(Middle) —	(Last) MARTINEK	4. DATE OF DEATH:	(Month) July	(Day) 26	(Year) 1952
5. SEX: Male	6. COLOR OR RACE: White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed	8. DATE OF BIRTH: unknown	9. AGE last birthday: 70 yrs.	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer	10b. KIND OF BUSINESS OR INDUSTRY: Ship yard	11. BIRTHPLACE (State or foreign country): Austria	12. CITIZEN OF WHAT COUNTRY? Austria?
13. FATHER'S NAME: ?— Blazek		14. MOTHER'S MAIDEN NAME: Victoria Kross	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) unknown (If Yes, give war or dates of service) ?	16. SOCIAL SECURITY NO.: Unk—	17. INFORMANT & ADDRESS: Hospital records - Sykesville, Maryland	

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: — INTERVAL BETWEEN ONSET AND DEATH

0002X

Immediate cause (a) Bilateral pulmonary tuberculosis — 16 years?

DUE TO

Antecedent cause(s) (b)

Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Senile psychosis - simple deterioration — Indefinite

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION:	20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from #?L$3/14 19 51, to 7/26, 19 52, that I last saw the deceased alive on 7/26, 1952, and that death occurred at 4:55 A.m., from the causes and on the date stated above.

SIGNATURE Henry C. A. Mead, M.D. (DEGREE OR TITLE) ADDRESS Sykesville, Md. DATE SIGNED 7/26/52

23. BURIAL, CREMATION REMOVAL (Specify): Removal	DATE THEREOF 7-26-52	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State) 1501 E. Fort Ave.
DATE REC'D BY LOCAL REG. July 26, 1952	REGISTRAR'S SIGNATURE C. Harry Weer	24. FUNERAL DIRECTOR Chas. F. Dill - 1501 E. Fort Ave.	ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

RECEIVED
BUREAU U. S.

07356

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 74

1. PLACE OF DEATH: COUNTY Carroll MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN [illegible]
LENGTH OF STAY (In this place) 45 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural - [illegible]
STREET ADDRESS (If rural, give location) [illegible] Road

3. NAME OF DECEASED (Type or Print) (First) Arthur (Middle) — (Last) McKinnell

4. DATE OF DEATH (Month) July (Day) 7 (Year) 1952

5. SEX M
6. COLOR OR RACE W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) [illegible]
8. DATE OF BIRTH June 22, 1873
9. AGE last birthday 79 yrs. If under 1 year: Months, Days; If under 24 hrs: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None
10b. KIND OF BUSINESS OR INDUSTRY None
11. BIRTHPLACE (State or foreign country) Baltimore, Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME John McKinnell
14. MOTHER'S MAIDEN NAME [illegible]

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) No
16. SOCIAL SECURITY No. None
17. INFORMANT AND ADDRESS [illegible]

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
422.1 Immediate cause	(a) Cerebral hemorrhage	[illegible]
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arteriosclerotic C.V. disease	[illegible]
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☑ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) [illegible] Deputy Medical Examiner
ADDRESS [illegible] Md
DATE SIGNED 7/7/52

23. BURIAL, CREMATION, REMOVAL (Specify) Removal
DATE THEREOF 7-9-52
NAME OF CEMETERY OR CREMATORY Baltimore
LOCATION (City, town, or county) (State) Baltimore, Md.

DATE REC'D BY LOCAL REG. July 7, 1952
REGISTRAR'S SIGNATURE [illegible]
24. FUNERAL DIRECTOR [illegible] ADDRESS [illegible]

[illegible] H. Haight

VS. A15A

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
JUL 9
BUREAU V. S.

(17357

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 74

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY: CARROLL — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: RURAL, SYKESVILLE
LENGTH OF STAY (In this place): 6 yr. 1 mo 25 da
HOSPITAL OR INSTITUTION OR STREET ADDRESS: SPRINGFIELD STATE HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: MARYLAND — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: BALTIMORE
STREET ADDRESS (If rural, give location): 2003 Pratt Street

3. NAME OF DECEASED (Type or Print)	(First)	(Middle)	(Last)	4. DATE OF DEATH	(Month)	(Day)	(Year)
	ROBERT	LEE	MILLER		7	7	1952

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs: Hours	Min.
MALE	WHITE	WIDOWER	5-24-93	59 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): Baltimore
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: JOSHUA MILLER
14. MOTHER'S MAIDEN NAME: MARGARET LIPTON

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT AND ADDRESS: HOSPITAL RECORDS

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Coronary occlusion	—
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arteriosclerotic C.V.D. disease	4 years
420.1	(c)	
002X		

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: Pulmonary tuberculosis — 4 yrs.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY m.	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?		

22. *I certify that I took charge of the remains described above, held an Autopsy __, Inspection ✓, Inquiry ✓ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ✓, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
[signature]	Asst. Med. Dept. Chief Examiner	Baltimore Md.	7/11/52

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	July 10/52	Mt. Olivet National	Frederick	Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
7-10-52	[signature]	Perry F. Lutz Jr.	4101 Edmondson Ave.

VS. A16A

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

07358

Reg. Dist. No. 74

1. PLACE OF DEATH:
COUNTY Carroll MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sykesville
LENGTH OF STAY (in this place) 36 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS Springfield State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN unknown
STREET ADDRESS (If rural, give location) unknown

3. NAME OF DECEASED: (Type or Print) (First) Alice (Middle) (Last) (Moberly) MOBLEY

4. DATE OF DEATH: (Month) (Day) (Year) July 23, 1952

5. SEX: female
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): single
8. DATE OF BIRTH: August 10, ?1865
9. AGE last birthday: 86 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): none
10b. KIND OF BUSINESS OR INDUSTRY: none
11. BIRTHPLACE (State or foreign country): Frederick, County, Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Jacob Moberly
14. MOTHER'S MAIDEN NAME: Martha L. Lulow

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.: none
17. INFORMANT & ADDRESS: Hospital records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH: minutes

420 DUE TO

Antecedent cause(s) (b) Arteriosclerosis — years

Diseases or conditions, if any, giving rise to the above cause stating underlying cause last DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Psychosis with mental deficiency known — 36 years

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-2-, 1942, to 7-23-, 1952, that I last saw the deceased alive on 7-23-, 1952, and that death occurred at 5.15 p.m., from the causes and on the date stated above.

SIGNATURE Irene L. Hickman, M.D. (DEGREE OR TITLE) ADDRESS Sykesville, Md. DATE SIGNED 7-23-52

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF 7-26-52
NAME OF CEMETERY OR CREMATORY Mt Olivet
LOCATION (City, town, or county) Frederick, Md. (State)

DATE REC'D BY LOCAL REG. July 24-1952
REGISTRAR'S SIGNATURE C. Harry Weed
24. FUNERAL DIRECTOR M. R. Etchison & Son, Frederick, Md. ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15 8-51

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 81

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Carroll; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural - Union Bridge
LENGTH OF STAY (in this place) About 3 wks
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Frederick
STREET ADDRESS (If rural, give location) 219 East Sixth Street

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
LAURA	S.	MUNSHOWER	July	27	1952

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Female	White	Widowed	Jan. 12, 1867	85 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	Own Home	Maryland	USA

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
? Stitley	Lucinda Harbaugh

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
No	None	Mr. Howard Fraley, Pittsburgh, Pa.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Heat Prostration

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arterio-sclerosis

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
			m.		

22. I hereby certify that I attended the deceased from July 1, 1952, to July 27, 1952, that I last saw the deceased alive on July 26, 1952, and that death occurred at 3 P m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
J. N. Legg	M D	Union Bridge Md	July 27-52

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	July 29, 1952	Mount Olivet Cemetery	Frederick, Maryland

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
28 July 1952		C. E. Cline & Son,	Frederick, Maryland

VS-415

RECEIVED
JUL 30 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No.....

1. PLACE OF DEATH:
COUNTY Carroll MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sykesville
LENGTH OF STAY (in this place) since 4/28/24
HOSPITAL OR INSTITUTION OR STREET ADDRESS Springfield State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY ---
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS unknown (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) Lewis (Middle) Walter (Last) PAUL

4. DATE OF DEATH: (Month) July (Day) 3 (Year) 1952

5. SEX: male
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): single
8. DATE OF BIRTH: March 18, 1876
9. AGE last birthday: 76 yrs. IF UNDER 1 YEAR Months - Days - IF UNDER 24 HRS. Hours - Min. -

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): shipping clerk
10b. KIND OF BUSINESS OR INDUSTRY: ---
11. BIRTHPLACE (State or foreign country): Baltimore City
12. CITIZEN OF WHAT COUNTRY? United States

13. FATHER'S NAME: John Paul
14. MOTHER'S MAIDEN NAME: Margaret Imhoff

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) unknown (If Yes, give war or dates of service) ---
16. SOCIAL SECURITY NO.: unknown
17. INFORMANT & ADDRESS: Records of Springfield State Hospital

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
Immediate cause	(a) Chronic pulmonary abscess with anemia	4½ months
483X	DUE TO	
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) Influenza	4½ months ago
	DUE TO	
	(c) ---	

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Psychosis with mental deficiency 28 yrs.

19a. DATE OF OPERATION: ---
19b. MAJOR FINDINGS OF OPERATION: ---
20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) ---
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) --- (CITY OR TOWN) --- (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) --- M.
INJURY OCCURRED --- While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR? ---

22. I hereby certify that I attended the deceased from Sept. 1 1947, to July 2, 1952, that I last saw the deceased alive on July 2, 1952, and that death occurred at 6:25 a.m., from the causes and on the date stated above.

SIGNATURE Martin Gross, M. D. (DEGREE OR TITLE) Martin Gross, M.D. ADDRESS Sykesville, Md. DATE SIGNED 7/3/52

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF 7/7/52
NAME OF CEMETERY OR CREMATORY Loudon Park Cem.
LOCATION (City, town, or county) Baltimore City (State) Md.

DATE REC'D BY LOCAL REG. 7-8-52
REGISTRAR'S SIGNATURE A. W. Hedrick
24. FUNERAL DIRECTOR Wm. J. Frickner & Sons R.S.B.
ADDRESS Balto. Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

COPY SENT TO ~~LOCAL REGISTRAR~~ CHO DATE 7-8-52

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JUL 8 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 74

1. PLACE OF DEATH: COUNTY Carroll MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Henryton — LENGTH OF STAY (in this place) 1mth. 26 days	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore 17
HOSPITAL OR INSTITUTION OR STREET ADDRESS HENRYTON STATE HOSPITAL	STREET ADDRESS (If rural, give location) 1601 Madison Avenue

3. NAME OF DECEASED: (Type or Print) (First) LAWRENCE (Middle) FRANK (Last) PUTNEY

4. DATE OF DEATH: (Month) July (Day) 19 (Year) 19 52

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	Negro	Married	Dec. 29,1907	44 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Porter	Bus Station	Baltimore, Maryland	

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Frank Putney	Susie Jackson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY No.:	17. INFORMANT & ADDRESS:
No		219-03-8366	Decessed

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Far Advanced Bilateral Cavitary Tuberculosis	Dec. 1948
	DUE TO	
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b)	
	DUE TO	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION:	20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M. — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 23, 19 52, to July 19, 19 52, that I last saw the deceased alive on July 19, 19 52, and that death occurred at 10 A. m., from the causes and on the date stated above.

SIGNATURE T. F. Vestal (DEGREE OR TITLE) M.D. ADDRESS Henryton, Maryland DATE SIGNED 7/19/52

23. BURIAL, ~~CREMATION~~ ~~REMOVAL~~ (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	7-22-52	Mt. Auburn Cemetery	Baltimore	Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
7/19/52	Albert R. Swankhaus	Moskate R. William	
	Deputy Local	322 N. Schorder St	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 — 07362

CERTIFICATE OF DEATH

Reg. Dist. No.....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Carroll — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Woodbine
LENGTH OF STAY (in this place) 9 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Woodbine
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (First) Walter (Middle) J (Last) Reeves
4. DATE OF DEATH: (Month) July (Day) 6 (Year) 1952

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed
8. DATE OF BIRTH: May 15 1873
9. AGE last Birthday: 79 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Painter
10b. KIND OF BUSINESS OR INDUSTRY: ind.
11. BIRTHPLACE (State or foreign country): Va.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Hyrockus M Reeves
14. MOTHER'S MAIDEN NAME: unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)
16. SOCIAL SECURITY No.: (If Yes, give war or dates of service) 217-05-4569
17. INFORMANT & ADDRESS: William H Reeves Woodbine Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:
4711
Immediate cause (a) Heart failure — INTERVAL BETWEEN ONSET AND DEATH: 2 days
DUE TO
Antecedent cause(s) (b) Bronchopneumonia — 10 days
Diseases or conditions, if any, giving rise to the above cause stating underlying cause last
DUE TO
(c)

II. OTHER SIGNIFICANT CONDITIONS:
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6/28, 1952, to 7/6, 1952, that I last saw the deceased alive on 7/5, 1952, and that death occurred at 1:30 a.m., from the causes and on the date stated above.

SIGNATURE J. W. Hunter — (DEGREE OR TITLE) M.D. — ADDRESS Sykesville Md — DATE SIGNED 7-6-52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF July 9 52
NAME OF CEMETERY OR CREMATORY Moreland Memo.
LOCATION (City, town, or county) Baltimore (State) Md

DATE RECD BY LOCAL REG. 7/7/52
REGISTRAR'S SIGNATURE R W Helm Jr
24. FUNERAL DIRECTOR Frank H Seitz — ADDRESS 814 N 36th St Baltimore Md

VS. A15 8-51

Jan. 34

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 74

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY Carroll — MARYLAND
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Sykesville
LENGTH OF STAY (in this place) 33 yrs. 10 mos.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Springfield State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN New Medway
STREET ADDRESS ——— (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) Carrie (Middle) ——— (Last) Renner

4. DATE OF DEATH: (Month) 7 (Day) 29 (Year) 1952

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Unknown

9. AGE last birthday: Approx. 80 yrs.
IF UNDER 1 YEAR: Months ——— Days ———
IF UNDER 24 HRS.: Hours ——— Min. ———

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None

10b. KIND OF BUSINESS OR INDUSTRY: None

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Not known Murphy

14. MOTHER'S MAIDEN NAME: Not known

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Unk (If Yes, give war or dates of service) ———

16. SOCIAL SECURITY No.: Unk

17. INFORMANT & ADDRESS: Hospital records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

			Interval Between Onset and Death
Immediate cause	(a)	Terminal Pneumonia	24 hrs
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b)	Coronary Ocetorious	1wk
	DUE TO (c)	Ch. Myrcarditis	10 yrs

420.1

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. ———

19a. DATE OF OPERATION: ———

19b. MAJOR FINDINGS OF OPERATION: ———

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) ———
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY ——— (CITY OR TOWN) ——— (COUNTY) ——— (STATE) ———
TIME (Month) (Day) (Year) (Hour) OF INJURY ——— M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR? ———

22. I hereby certify that I attended the deceased from Sept. 13 19 18, to July 29 1952, that I last saw the deceased alive on July 29, 19 52, and that death occurred at 5:05 P. m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED
W. H. Martin M.D. Sykesville, Md. July 29, 1952

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF 8/1/52
NAME OF CEMETERY OR CREMATORY Mt. Olivet Cem.
LOCATION (City, town or county) Rocky Ridge, Md. (State)
DATE REC'D BY LOCAL REG. July 31-52
REGISTRAR'S SIGNATURE Ethel Strudwick
24. FUNERAL DIRECTOR Powell & Hartsock
ADDRESS Silver Run & Woodsboro, Md.

C. Harry Weaver Jr. Mort Dir

RECEIVED
AUG 4 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 24

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 8-51

1. PLACE OF DEATH:

COUNTY: Carroll — MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Sykesville

LENGTH OF STAY (in this place): 7 yrs.

HOSPITAL OR INSTITUTION OR STREET ADDRESS: Springfield State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE: Md. COUNTY: Baltimore Co.

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Catonsville.

STREET ADDRESS (If rural, give location): 646 N.Bend Road

3. NAME OF DECEASED: (Type or Print) (First) Alberta (Middle) May (Last) Rice

4. DATE OF DEATH: (Month) July (Day) 16 (Year) 1952

5. SEX: Female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Divorced

8. DATE OF BIRTH: June 16 -1865.

9. AGE last birthday: 87 yrs. IF UNDER 1 YEAR: Months 1, Days — IF UNDER 24 HRS.: Hours —, Min. —

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Practical Nurse

10b. KIND OF BUSINESS OR INDUSTRY: Nursing

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY: U. S. A.

13. FATHER'S NAME: William Dorschel

14. MOTHER'S MAIDEN NAME: Margaret Wallace

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Unk. (If Yes, give war or dates of service) ?

16. SOCIAL SECURITY NO.: Unknown

17. INFORMANT & ADDRESS: Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
Immediate cause	(a) Terminal Pneumonia	1 day
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b) Chronic Morocardilis	10 yrs.
	DUE TO (c) Hypertension	?

4438

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb. 13 1945, to July 16 1952, that I last saw the deceased alive on July 16 1952, and that death occurred at 8:15 p.m., from the causes and on the date stated above.

SIGNATURE: [illegible] (DEGREE OR TITLE) ADDRESS: Sykesville Md. DATE SIGNED: July 16 52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 7-19-52 — NAME OF CEMETERY OR CREMATORY: Baltimore — LOCATION (City, town, or county) (State): Balto. Md.

DATE REC'D BY LOCAL REG.: July 17, 1952 — REGISTRAR'S SIGNATURE: C. Harry Weer

24. FUNERAL DIRECTOR ADDRESS: J. P. Mitchell & Son 1900 Eutaw Place

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BUREAU N. S.

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 74

1. PLACE OF DEATH:
COUNTY: CARROLL — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Sykesville, Md.
LENGTH OF STAY (in this place): 32 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Springfield State Hospital, Sykesville, Maryland

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland — COUNTY: Howard
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Glenelg
STREET ADDRESS (If rural, give location): ✓

3. NAME OF DECEASED: (Type or Print) (First) REUBEN (Middle) FERDINAND (Last) RIDGLEY

4. DATE OF DEATH: (Month) July (Day) 22 (Year) 1952

5. SEX: male
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): separated
8. DATE OF BIRTH: January 6, 1877
9. AGE last birthday: 75 yrs. — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): farm laborer
10b. KIND OF BUSINESS OR INDUSTRY: agriculture
11. BIRTHPLACE (State or foreign country): Howard County, Maryland
12. CITIZEN OF WHAT COUNTRY? United States

13. FATHER'S NAME: Charles Ridgley
14. MOTHER'S MAIDEN NAME: Mary Ridgley

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No — (If Yes, give war or dates of service) Unknown
16. SOCIAL SECURITY NO.: Unk
17. INFORMANT & ADDRESS: Files of - Springfield State Hospital, Sykesville, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Hemiplegia — 3 days
421.4
DUE TO
Antecedent cause(s) (b)
Diseases or conditions, if any, giving rise to the above cause stating underlying cause last
DUE TO
(c) Chronic heart valvular disease — many years

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Schizophrenia, paranoid type — " "

19a. DATE OF OPERATION: ---
19b. MAJOR FINDINGS OF OPERATION: ---
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) ---
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) ---
(CITY OR TOWN) ---
(COUNTY) ---
(STATE) ---
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR? ---

22. I hereby certify that I attended the deceased from Sept. 1, 1947, to July 21, 1952, that I last saw the deceased alive on July 21, 1952, and that death occurred at 5:00 a.m., from the causes and on the date stated above.

SIGNATURE: Martin Gross, M.D. (DEGREE OR TITLE) ADDRESS: Sykesville, Md. DATE SIGNED: 7-22-52

23. BURIAL, CREMATION REMOVAL (Specify): Removal
DATE THEREOF: 7/28/52
NAME OF CEMETERY OR CREMATORY: University Med School
LOCATION (City, town, or county): Baltimore Md (State)

DATE REC'D BY LOCAL REG.: July 28, 1952
REGISTRAR'S SIGNATURE: C. Harry Weed
24. FUNERAL DIRECTOR: Frances A Hemsley 578 W Biddle St — ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

RECEIVED
JUL 30 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 24

1. PLACE OF DEATH: COUNTY Carroll MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Henryton — LENGTH OF STAY (in this place) 2 days	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton, Maryland
HOSPITAL OR INSTITUTION OR STREET ADDRESS HENRYTON STATE HOSPITAL	STREET ADDRESS (If rural, give location) 112 Locust Street.

3. NAME OF DECEASED: (Type or Print) (First) LILLIE (Middle) (Last) ROBERTS			4. DATE OF DEATH: (Month) July (Day) 13, (Year) 19 52	
5. SEX: Female	6. COLOR OR RACE: Negro	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed	8. DATE OF BIRTH: March 10, 1884	9. AGE last birthday: 68 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework	10b. KIND OF BUSINESS OR INDUSTRY: Own Home	11. BIRTHPLACE (State or foreign country): Maryland	12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME: Augustus Roberts		14. MOTHER'S MAIDEN NAME: Eliza ?		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)	16. SOCIAL SECURITY No.: Unknown	17. INFORMANT & ADDRESS: Son- Andrew Roberts- 115 W. Stover St. Easton, Md.		

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Far Advanced Bilateral Pulmonary Tuberculosis — INTERVAL BETWEEN ONSET AND DEATH History-1mo.

002X

DUE TO (Actual duration unknown)

Antecedent cause(s) (b)

Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION:	20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)	
TIME OF INJURY (Month) (Day) (Year) (Hour) M.	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from July 11, 19 52, to July 13, 19 52, that I last saw the deceased alive on July 13, 19 52, and that death occurred at 4:00 a.m., from the causes and on the date stated above.

SIGNATURE	(DEGREE OR TITLE)	ADDRESS	DATE SIGNED
T. F. DeStal	M.D.	Henryton, Md.	7-13-52

23. BURIAL, CREMATION REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Removal	7-16-52	Richardson Cemetery	Easton	Maryland

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
7-13-52	Albert R. Swankhaus	James B. Clarkiell	Easton, Md.

Deputy Local

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

RECEIVED
JUL 17 1952
BUREAU V. S.

Change of first name: Film G146 8/7/[illegible] Inc.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No.....

1. PLACE OF DEATH:

COUNTY Carroll MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Gamber

LENGTH OF STAY (in this place)

HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Maryland COUNTY Carroll

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN [illegible]

STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) Mary (Middle) M. (Last) Ryan

4. DATE OF DEATH: (Month) July (Day) 23, (Year) 19[illegible]

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: August 18, 1879

9. AGE last birthday: 72 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): South Carolina

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: [illegible]

14. MOTHER'S MAIDEN NAME: unk

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: [illegible]

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

422.1

Immediate cause (a) Myocarditis - Chronic decompensation — INTERVAL BETWEEN ONSET AND DEATH: 1 year

DUE TO

Antecedent cause(s) (b) arteriosclerosis - general — years

Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Fracture of left femur - about 8 weeks ago

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) ✓

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) ✓ (CITY OR TOWN) ✓ (COUNTY) ✓ (STATE) ✓

TIME OF INJURY (Month) (Day) (Year) (Hour) ✓ M.

INJURY OCCURRED While at work ☐ Not while at work ☐ ✓

HOW DID INJURY OCCUR? ✓

22. I hereby certify that I attended the deceased from 5-1-52, to 7/23/52, that I last saw the deceased alive on 7/21/52, and that death occurred at ..... m., from the ~~causes and~~ on the date stated above.

SIGNATURE [illegible] (DEGREE OR TITLE) M. D. ADDRESS Reisterstown Md DATE SIGNED 7/23/52

23. BURIAL, CREMATION REMOVAL (Specify): DATE THEREOF [illegible] NAME OF CEMETERY OR CREMATORY [illegible] LOCATION (City, town, or county) [illegible] (State) [illegible]

DATE REC'D BY LOCAL REG. 7-24-52 REGISTRAR'S SIGNATURE A. A. Heduck Gmx.

24. FUNERAL DIRECTOR Wm. Cook, Inc. ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No.....

LEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY Carroll MARYLAND
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) Sykesville
LENGTH OF STAY (in this place) 14 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Springfield State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) 2825 Hampden Street

3. NAME OF DECEASED: (Type or Print) (First) ALVERTIE (Middle) (Last) SIMONDS

4. DATE OF DEATH: (Month) July (Day) 18 (Year) 19 52

5. SEX: female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widowed

8. DATE OF BIRTH: Sept. 6. 1885

9. AGE last birthday 66 yrs.
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): West Virginia

12. CITIZEN OF WHAT COUNTRY? U. S. A

13. FATHER'S NAME: Charles Delaney

14. MOTHER'S MAIDEN NAME: Almeda Bradley

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) No

16. SOCIAL SECURITY NO.: none

17. INFORMANT & ADDRESS: hospital records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
272X Immediate cause	(a) Congestive heart failure	1 Month
DUE TO		
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) Hypopituitarism	12 years
DUE TO		
	(c)	

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Manic Depressive Psychosis, Mental Deficiency, Arrested Phase — 24 years

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes X No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept 15, 19 50, to July 18, 19 52, that I last saw the deceased alive on 7/18, 19 52, and that death occurred at 12 50 p.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) Gertrude Sonnenfeld M.D. ADDRESS Springfield State Hospital DATE SIGNED 7/18/52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF July 21/52
NAME OF CEMETERY OR CREMATORY Glen Haven Memorial
LOCATION (City, town, or county) (State) Silver Spring

DATE REC'D BY LOCAL REG. 7-21-52
REGISTRAR'S SIGNATURE C. V. Hedrick Jr.

24. FUNERAL DIRECTOR Philip Henry Sons ADDRESS 2024 Eutaw St

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 76 ~~33~~

1. PLACE OF DEATH: COUNTY Carroll MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Finksburg — LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Finksburg
HOSPITAL OR INSTITUTION OR STREET ADDRESS Emory Road	STREET ADDRESS (If rural, give location) Emory Road

3. NAME OF DECEASED (Type or Print) (First) Susanna (Middle) E (Last) Smith

4. DATE OF DEATH (Month) July (Day) 28, (Year) 1952

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year Months / Days	If under 24 hrs. Hours / Min.
Female	White	Widowed	March 12, 1867	85 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife		Carroll County	U.S.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
John Helwig	Margaret Wentz

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
NO	None	Guy Smith, Finfsburg

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a)	Myocarditis - chronic - decompensating	2 yrs
442 X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)	Hypertension	✓
	Arteriosclerosis	✓
(c)	Arthritis	✓

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
✓	✓	Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)
✓	✓	✓		

TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
✓	✓	✓

22. I hereby certify that I attended the deceased from 1-1-30, 19.., to 7-26-52, 19.., that I last saw the deceased alive on 7/25/52, 19.., and that death occurred at 1:45 A m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
[signature]	M.D.	Reisterstown Md	7/28/52

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	July 31, 1952	Finksburg	Carroll County

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
7-30-52	Gary B. Eline L. K. Woodward	J.F.Eline & Sons, Reisterstown, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
1 1952
BUREAU V. S.

Items 3 & 14 See Film G147 10/6/52 JT

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No.....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

1. PLACE OF DEATH:

COUNTY CARROLL — MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN RURAL, SYKESVILLE

LENGTH OF STAY (in this place) 3 mo. 19 da.

HOSPITAL OR INSTITUTION OR STREET ADDRESS SPRINGFIELD STATE HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE MARYLAND COUNTY

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN BALTIMORE

STREET ADDRESS (If rural, give location) 1905 Griffiss Ave.

3. NAME OF DECEASED: (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH: (Month)	(Day)	(Year)
WILLIAM	OBER OVER	VANFOSSEN	7	10	19 52

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS Hours	Min.
MALE	WHITE	MARRIED	12-27-1887	64 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
PRESSMAN		BALTIMORE, MARYLAND	

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
DAVID VANFOSSEN	~~LENA BRUNS~~ IDA ELIZABETH FASBENDER

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
		HOSPITAL RECORDS

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: NEPHROSCLEROSIS — INTERVAL BETWEEN ONSET AND DEATH: 4 years

442X

Immediate cause (a) HYPERTENSIVE HEART DISEASE WITH ARTERIOLAR

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b)

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. PSYCHOSIS WITH CEREBRAL ARTERIOSCLEROSIS — 2 years

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION:	20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY M.	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March 21 19 52, to July 10, 19 52, that I last saw the deceased alive on July 10, 19 52, and that death occurred at 11:35 p.m., from the causes and on the date stated above.

SIGNATURE Robert H. Taylor, M. D. (DEGREE OR TITLE) Springfield State Hospital, Sykesvillem Md. (ADDRESS) DATE SIGNED 7-11-52

23. BURIAL, CREMATION REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
BURIAL	7-14-52	LOUDON PK	

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
JUL 13 1952	Huntington Williams, M.D.	Edward London 2359 Wash Blvd Balto md	

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland Carroll Co
(b) Street address Rural #1
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Carroll
(c) City or town Union Bridge
(If outside city or town limits, write RURAL and give town)
(d) Street No. Rural #1
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Norman Blaine Willis

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex Male | 5. Color or race B | 6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Elsie May Willis
6 (c) If alive, give age 64 years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years 67 | Months 9 | Days 9 | If less than one day ... hr. ... min.

9. Birthplace Carroll Co
(Town, county, and state)

10. Usual Occupation Labor

11. Industry or business —

FATHER
12. Name Thomas Willis
13. Birthplace Carroll Co

MOTHER
14. Maiden Name Unknown
15. Birthplace

16 (a) Informant Carroll Willis
(b) Address Union Bridge Md

17 (a) Burial (b) Date thereof 7-12-52
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Mt. Joy
Location Near Uniontown Md

18 (a) Funeral director Raymond K. Wright
(b) Address Union Bridge Md.

19 (a) July 10, 1952 (b) Leslie L. Repp
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 10 1952, at 1:45 AM

21. I certify that death occurred on the date above stated; that I attended deceased from June 1 1950, to July 10 1952, and that I last saw him alive on July 9 1952

Immediate cause of death Cerebral Hemorrhage | Duration 4 days

Due to Hypertensive C.V.D.

Due to

Other Conditions 3314
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence —
(c) Where did injury occur? —
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? — While at work?
(Specify type of place)
(e) Means of injury —

23. Signature M. E. Robertson M. D.
Address New Windsor, Md. Date signed 7/10/52

MARGIN RESERVED FOR BINDING

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY WITH UNFADING INK. Every item of information should be carefully supplied. Physicians: please write the causes of death clearly and legibly. correct age is especially important.

VS. 415

Item 9 FilmG145 8/15/52 whw

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 81

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Carroll; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Key Moor; LENGTH OF STAY (In this place) Life; HOSPITAL OR INSTITUTION OR STREET ADDRESS Brucevilla - Mehring's Park

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Carroll; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bruceville; STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Ralph (Middle) Eugene (Last) Wilson

4. DATE OF DEATH: (Month) July (Day) 30 (Year) 1952

5. SEX: Male

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 11-7-1945

9. AGE last birthday: 6 yrs. If under 1 year: Months; Days. If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None

10b. KIND OF BUSINESS OR INDUSTRY: —

11. BIRTHPLACE (State or foreign country): Union Bridge Carroll Co Md

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Raymond C. Wilson

14. MOTHER'S MAIDEN NAME: Ruth J Leland

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service) NO

16. SOCIAL SECURITY NO.: —

17. INFORMANT AND ADDRESS: Raymond R. Wilson Taneytown Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Drowning — Interval between onset and death: Min

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) —

(c) —

927.8

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION: —

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): Accident

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): —

(CITY OR TOWN): —

(COUNTY): —

(STATE): —

TIME OF INJURY: (Month) July (Day) 30 (Year) 52 (Hour) 4 p.m.

INJURY OCCURRED: While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR? Playing Water - drowned

22. I hereby certify that I attended the deceased from ....., 19....., to ....., 19....., that I last saw the deceased alive on ....., 19....., and that death occurred at 4 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title): James T Mood, Deputy Medical Examiner — ADDRESS: Westminster Md — DATE SIGNED: July 30 52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: Aug 1, 1952 — NAME OF CEMETERY OR CREMATORY: Taneytown Cemetery — LOCATION (City, town, or county): Taneytown — (State): Md

DATE REC'D BY LOCAL REG.: July 31, 1952 — REGISTRAR'S SIGNATURE: Julia L. Repp

24. FUNERAL DIRECTOR: Raymond R. Knight — ADDRESS: Union Bridge Md

RECEIVED
AUG 1 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 82

1. PLACE OF DEATH — COUNTY: Carroll — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: New Windsor — LENGTH OF STAY (in this place): 4 months
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Quality Hill

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: New Windsor
STREET ADDRESS (If rural, give location): Quality Hill

3. NAME OF DECEASED (Type or Print): (First) EDWIN (Middle) L (Last) WOOD
4. DATE OF DEATH: (Month) July (Day) 11 (Year) 1952
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed
8. DATE OF BIRTH: Oct 5-1881
9. AGE last birthday: 70 yrs. — If under 1 year: Months, Days — If under 24 hrs.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Sheet Metal Worker
10b. KIND OF BUSINESS OR INDUSTRY: Railroad shops
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? US
13. FATHER'S NAME: William Wood
14. MOTHER'S MAIDEN NAME: Margaret Harris
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: none
17. INFORMANT AND ADDRESS: Mrs Robert Gaddis New Windsor Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Carcinoma - Stomach - Carcinomatosis

151X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb 7, 1952, to July 11, 1952, that I last saw the deceased alive on July 10, 1952, and that death occurred at 10 20 A m., from the causes and on the date stated above.

SIGNATURE: M. E. Robertson — (Degree or title): M.D. — ADDRESS: New Windsor, Md — DATE SIGNED: July 11 1952

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: July 14-52 — NAME OF CEMETERY OR CREMATORY: Rosedale Cem. — LOCATION (City, town, or county): Martinsburg — (State): W Va.

DATE REC'D BY LOCAL REG.: July 12/52 — REGISTRAR'S SIGNATURE: Chas S Benedict 2d — 24. FUNERAL DIRECTOR: D D Hartzler & Sons — ADDRESS: New Windsor & Union Bridge Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A16 (T) (1) (M)

RECEIVED
JUL 28 1952
BUREAU V. S.

07374

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 74

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY: CARROLL — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: RURAL, SYKESVILLE
LENGTH OF STAY (in this place): 29 da.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: SPRINGFIELD STATE HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: MARYLAND — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: BALTIMORE
STREET ADDRESS (If rural, give location): 6000 Bellona Avenue

3. NAME OF DECEASED (Type or Print)	(First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
	RICHARD	DORCEY	WOOLFORD	7	16	1952

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
MALE	WHITE	MARRIED	1-14-71	81 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Letter Carrier	Post Office	Madison, Maryland	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
JOHN WESLEY WOOLFORD	MARGARET JANE TALL

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
No	No	Unknown	HOSPITAL RECORDS

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) EMBOLISM, LEFT PULMONARY ARTERY	12 hrs.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Hypertensive Heart Disease with arteriolar nethro-sclerosis	
4428	(c) General arteriosclerosis with gangrene, left 4th toe	Years 4 weeks

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. SENILE PSYCHOSIS, DEPRESSED, AGITATED TYPE — 2 years

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from June 17, 1952, to July 16, 1952, that I last saw the deceased alive on July 16, 1952, and that death occurred at 9:35 a.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Robert H. Taylor, M.D.	M.D.	Springfield State Hospital, Sykesville, Md.	7-16-52

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	7-18-52	London Park	Baltimore, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
July 16, 1952	C. Harry Weer	Wm. Cook Inc.	1717 St. Paul St. Balto. Md.

RECEIVED
JUL 21 1952
BUREAU W. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 24

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY Carroll — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sykesville, Maryland
LENGTH OF STAY (in this place) 3 yrs. 11½ mos.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Springfield State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Westminster
STREET ADDRESS (If rural, give location) 14 Carroll Street

3. NAME OF DECEASED: (Type or Print) (First) Gertrude (Middle) Belle (Last) Yingling

4. DATE OF DEATH: (Month) 7 (Day) 21 (Year) 19 52

5. SEX: F

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 11-5-1859

9. AGE last birthday: 92 yrs.
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Seamstress Ret

10b. KIND OF BUSINESS OR INDUSTRY: Self employed

11. BIRTHPLACE (State or foreign country): Westminster, Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No.
(If Yes, give war or dates of service) ---

16. SOCIAL SECURITY NO.: None

17. INFORMANT & ADDRESS: Hospital records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

			Interval Between Onset and Death
Immediate cause	(a)	Coronary occlusion	1 week
	DUE TO		
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b)	Chronic myocarditis & Hypertension	3 yrs. 11½ mos.
	DUE TO		
	(c)	Senile Psychosis, simple deterioration	10 yrs (?)

420.1

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: ---

19b. MAJOR FINDINGS OF OPERATION: ---

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): ---

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: ---

(CITY OR TOWN) ---

(COUNTY) ---

(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M. ---

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR? ---

22. I hereby certify that I attended the deceased from 9-27-48 19..... to 7-21-, 19..52., that I last saw the deceased alive on 7-21-, 19..52., and that death occurred at 9:20 A.M., from the causes and on the date stated above.

SIGNATURE M. N. Martin, MD (DEGREE OR TITLE) ADDRESS Springfield State Hosp. - Sykesville, Md. DATE SIGNED 7-21-52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF July 24-52

NAME OF CEMETERY OR CREMATORY Winters Cemetery

LOCATION (City, town, or county) Near Uniontown (State) Md.

DATE REC'D BY LOCAL REG. July 21, 1952

REGISTRAR'S SIGNATURE C. Harry Weed

24. FUNERAL DIRECTOR H. Bankard & Son Westminster

ADDRESS Md.

RECEIVED
JUL 23 1952
BUREAU V. S.